

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5690**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4372** Registrar's No. **80**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY NOODAWAY 1	b. CITY (If outside corporate limits, write RURAL and give township) BURLINGTON JCT	a. STATE MISSOURI	b. COUNTY NOODAWAY
c. LENGTH OF STAY (In this place) 50 yr		c. CITY OR TOWN BURLINGTON JCT	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		e. STREET ADDRESS (If rural, give location) 0740	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MYRTLE	b. (Middle)	c. (Last) KNISLEY	JAN 11 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH FEB. 3, 1885		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR 11 MONTHS 7 DAYS IF UNDER 24 HRS. 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) PAGE COUNTY IOWA	
13a. FATHER'S NAME HIRAM VANPELT			13b. MOTHER'S MAIDEN NAME MARY COOPER		14. NAME OF HUSBAND OR WIFE JOHN KNISLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME JOHN KNISLEY		ADDRESS BURLINGTON JCT MO	
--	-------------------------------------	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Valvular Heart Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4214
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1954, to Jan 11, 1955, that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Marionville, Mo	23c. DATE SIGNED 1/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-14-55	24c. NAME OF CEMETERY OR CREMATORY OHIO CEMETERY
24d. LOCATION (City, town, or county) (State) BURLINGTON JCT MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Adams Ave. Jct Mo.
DATE REC'D BY LOCAL REG. 2-19-55	REGISTRAR'S SIGNATURE <i>[Signature]</i> 229-	

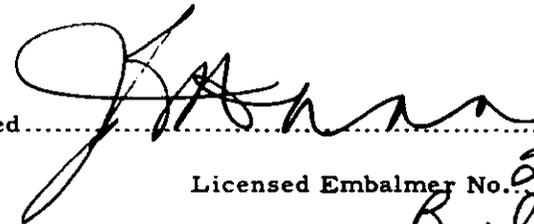
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 296
P. O. Address Burl Jo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.