

9179

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 7 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>08th0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly 0</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		STREET ADDRESS (If rural, give location) <u>Clifton Hill Twshlp</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>L</u> c. (Last) <u>Knight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 - 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>June 28 - 1867</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo 0 Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Godford Knight</u>	
13b. MOTHER'S MAIDEN NAME <u>U. Van Kerkhoven</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Iva L. McDonald Clifton Hill Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>atherosclerosis</u> 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)	
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 <u>Mar 26</u> , 19 <u>55</u> , to <u>Mar 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 26</u> , 19 <u>55</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Caroline Claborn</u>		23b. ADDRESS <u>Moberly Mo</u>	
23c. DATE SIGNED <u>Mar 29 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-29-55</u>		REGISTRAR'S SIGNATURE. <u>Leah Foue 269</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahon and Son, Moberly Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Frank W. Witt*

Licensed Embalmer No. *302*

P. O. Address *Mobile*

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.