

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14777

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Poplar Bluff</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0124</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>802 Valley St.</u>		STREET ADDRESS (If rural, give location) <u>802 Valley St.</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Harry b. (Middle) R. c. (Last) McKnight

4. DATE OF DEATH (Month) (Day) (Year)
May 8, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 15, 1890 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired ~~XXXX~~ Rural Mail Carrier 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Cherryvale, Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Elmer McKnight 13b. MOTHER'S MAIDEN NAME Lillie unknown 14. NAME OF HUSBAND OR WIFE Mrs. Betty Shaw McKnight

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 ADDRESS Mrs. McKnight Poplar Bluff, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Carbosis of liver Many years
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 NO

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) 331X (COUNTY) _____ (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE Robert Chynoweth (Degree or title) _____ 23b. ADDRESS Poplar Bluff, Mo. 23c. DATE SIGNED 5/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-12-55 24c. NAME OF CEMETERY OR CREMATOR Woodlawn Cem. 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE RECD BY LOCAL REG. 5/19/55 REGISTRAR'S SIGNATURE Frank Cotrell 487 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 23 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

JUN 14 1955

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... *Wallace R. Kriz*

Licensed Embalmer No... *45*

P. O. Address *412 W. Main
Poplar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.