

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17623

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5030 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio-rural	c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN Tarkio	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ***		No. STREET ADDRESS (If rural, give location) 0030	

3. NAME OF DECEASED (Type or Print) a. (First) DELAINE b. (Middle) ANN c. (Last) KNEPPER			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1955				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 28, 1932	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Days 3	IF UNDER 24 HRS. Hours 18	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Scribner, Neb.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Harold Sass		13b. MOTHER'S MAIDEN NAME Lorene Schulenberg		14. NAME OF HUSBAND OR WIFE Laurence D. Knepper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ***		16. SOCIAL SECURITY NO. 507-30-2016		17. INFORMANT'S SIGNATURE OR NAME Laurence D. Knepper ADDRESS Tarkio, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary embolus INTERVAL BETWEEN ONSET AND DEATH instantaneous	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) post-operative	
		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 6/6/55?		19b. MAJOR FINDINGS OF OPERATION not known - surgery at Hamburg, Iowa		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 **8/8/53**, 19___, to **6/16/55**, 19___, that I last saw the deceased alive on **5/9/55**, 19___, and that death occurred at **12¹⁵ pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Medenmeyer, MD		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED June 18, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/18/55	24c. NAME OF CEMETERY OR CREMATORY Home Cenetry	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		
DATE/REC'D BY LOCAL REG. 7/9/1955		REGISTRAR'S SIGNATURE Marvin A. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE Davis' Funeral Home ADDRESS Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Frost A. Browning*.....

Licensed Embalmer No. 333

P. O. Address Tarkio, Mo

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