

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21473

State File No.

BIRTH NO.		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>523E</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs Rt 2</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>El Dorado Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 2.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MURTEL P</u>			b. (Middle)		c. (Last) <u>KNICKERBOCKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 31 1886</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Idaho</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Reid</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Knickerbocker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Reid El Dorado Springs Rt 2</u>					ADDRESS <u>El Dorado Springs Rt 2</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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
				ANTECEDENT CAUSES Morbid 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 <u>157 X</u>						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) (Min.)		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>2:14</u> , 1955, to <u>7:30</u> , 1955, that I last saw the deceased alive on <u>7:30</u> , 1955, and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm B Richter M.D.</u>				23b. ADDRESS <u>Stockton Mo</u>		23c. DATE SIGNED <u>8-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-9-55</u>		REGISTRAR'S SIGNATURE <u>George W. Moyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Swinn - Peather Funeral Home</u>					
				ADDRESS <u>El Dorado Springs, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
D. 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 *Floyd E. Cavathus*.....

Licensed Embalmer No. *441*.....

P. O. Address *E. D. D. D.*.....

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.