

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22729**

BIRTH NO.		REG. DIST. NO. <b>174</b>		PRIMARY REG. DIST. NO. <b>3035</b>		Registrar's No. <b>62</b>	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (in this place) <b>3 da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Higginville</b>		6541	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>South 3 miles</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>August</b> c. (Last) <b>Knollenberg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 9 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>II-28-1867</b>	9. AGE (In years, last birthday) <b>87</b>	MONTHS <b>7</b>	DAYS <b>II</b>	IF UNDER 18, Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm owner</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Femme Osage, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Knollenberg</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Helmich</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Jungerman H'ville</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Knollenberg Mayview, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia &amp; anuria</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days -</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pyelonephritis</b> <b>years</b> DUE TO (c) <b>Benign Hypertrophy of the prostate</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>610X</b> <b>years</b>			
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 <b>June, 1953</b> , to <b>July 9, 1955</b> that I last saw the deceased alive on <b>July 9, 1955</b> and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Apperson, M.D.</b>				23b. ADDRESS <b>Higginville Mo</b>		23c. DATE SIGNED <b>Aug 3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-11-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical</b>		24d. LOCATION (City, town, or county) (State) <b>Mayview Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-4-55</b>		REGISTRAR'S SIGNATURE <b>Wm. E. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b>		ADDRESS <b>Higginville</b>	

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 .....  
Student Embalmer

Signed Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

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 this body is not embalmed, fact should be so stated above.