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RN-9046

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25446

BIRTH FILED AUG 31 1955 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 State File No. 468 Registrar's No.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 93 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 703 Adams	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E.	
c. (Last) Knight		4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10-9-97
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Knight	
13b. MOTHER'S MAIDEN NAME Sarah Orfelt		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Records		ADDRESS	
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) Hemorrhage, massive, from left internal carotid artery, etiology erosion ANTECEDENT CAUSES DUE TO (b) Squamous cell carcinoma of base of tongue, hypopharynx, left side with DUE TO (c) extensive metastasis to cervical glands and systemic metastasis. 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 NO <input 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) VA		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 May 18, 1955 , to Aug 19, 1955 , and that death occurred at 7:35 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Ernest M. Tapp, Manager		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	
23c. DATE SIGNED 8-19-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	
24b. DATE 21 Aug 1955		24c. NAME OF CEMETERY OR CREMATORY Little Brushy	
24d. LOCATION (City, town, or county) (State) Wappapello, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Frank Cottrill	
DATE REC'D BY LOCAL REG 8/22/55		REGISTRAR'S SIGNATURE PA Mueller	
ADDRESS Poplar Bluff		ADDRESS Poplar Bluff	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 29 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

20 1 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. Knight*

Licensed Embalmer No. *4514*
412

P. O. Address *Poplar Bl.*

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.