

FILED AUG 17 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 88806

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Worth</u>				b. COUNTY <u>Worth</u>	
b. CITY OR TOWN <u>Grant City Mo</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>Grant City Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in City</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles East of City</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>			b. (Middle) <u>Elton</u>			c. (Last) <u>Knight</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12-1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 18-1889</u>		9. AGE (in years) (Month) (Day) (Year) <u>66 9 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Redding Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lewis Knight</u>			13b. MOTHER'S MARDEN NAME <u>Nancy Jane Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Vern Knight</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vern Knight</u> ADDRESS <u>Grant City Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANOXIA</u>  ANTECEDENT CAUSES <u>MYOCARDIAL FAILURE</u> DUE TO (b) <u>14 Mo</u>  DUE TO (c) <u>AVICULAR FIBRILLATION</u> <u>18 Mo</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INANITION * DEBILITY</u> <u>2 Mo</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4331</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)		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>DECEMBER 1953</u> to <u>Aug 11</u> , 1955, that I last saw the deceased alive on <u>Aug 11</u> , 1955, and that death occurred at <u>1:00 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard J. Anzick D.D.</u>				23b. ADDRESS <u>Grant City Mo</u>			23c. DATE SIGNED <u>8-13-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nichols Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Airy Iowa</u>			
DATE REC'D BY LOCAL REG. <u>8-13-1955</u>		REGISTRAR'S SIGNATURE <u>Edw. E. Dawson</u> <u>3457 C</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Grant City Mo</u>					

(Licensed Embalmer's Supplement on Reverse Side)

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

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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 John Andrews....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John Andrews.....

Licensed Embalmer No. 42

P. O. Address Grant.....

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.