

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. John White
State File No. 33965

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 572

1. PLACE OF DEATH a. COUNTY <u>Benn</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Mooresville</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>Switzer Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>651 J</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>HOUSTON</u>	c. (Last) <u>KNOX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-1-1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April-14-1866</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Flat Rock Ind</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13. FATHER'S NAME <u>Cyrus Knox</u>	13a. MOTHER'S MAIDEN NAME <u>Blara Cobb</u>	14. NAME OF HUSBAND OR WIFE <u>Blara Knox</u>
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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>C.R. Knox</u> ADDRESS <u>Brookfield Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs.</u> <u>13 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized debility</u> DUE TO (c) <u>Advanced age.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>794X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July 15, 1954, to Nov. 1, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 11:30a, from the causes and on the date stated above.

23a. SIGNATURE <u>John W. White, D.O.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>11/2/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Procher Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Livingston Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-55</u>	REGISTRAR'S SIGNATURE <u>Katherine Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Blacklock</u> ADDRESS <u>Brookfield Mo.</u>
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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 *J. L. Blacklock*.....

Licensed Embalmer No. *224*
P. O. Address *Brookfield*

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.