

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35918

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5066 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN LIBERAL, R.F.D. # 1) c. LENGTH OF STAY (In this place) 60 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIBERAL 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAME AS ABOVE		d. STREET ADDRESS (If rural, give location) R.F.D # 1. 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) OTTO c. (Last) KNAPP			4. DATE OF DEATH (Month) (Day) (Year) NOV-15-1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MARION COUNTY, INDIANA. 1	
13a. FATHER'S NAME FREDERICK KNAPP		13b. MOTHER'S MAIDEN NAME SARAH KREGG		14. NAME OF HUSBAND OR WIFE TLITHA FRANCES KNAPP	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH ALBERT KNAPP, LIBERAL, MO.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hypostatic Pneumonia DUE TO (b) Chronic Passive Congestion DUE TO (c) Senility & Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH 3 days 9 Mos. 10 yrs. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Has been confined to bed most of time last 2 mos.		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) 4500	
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 **FEB. 18, 1946**, to **Nov. 12, 1955**, that I last saw the deceased alive on **Nov. 12, 1955**, and that death occurred at **7:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Knelland, D.O.		23b. ADDRESS Liberal, MO.		23c. DATE SIGNED 11-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-18-1955		24c. NAME OF CEMETERY OR CREMATORY NASHVILLE CEMETERY	
				24d. LOCATION (City, town, or county) (State) NASHVILLE, MO.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 16, 1955 Charlotte McDowell		420-73		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. ELLSWORTH, PITTSBURG, KANSAS.	
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(Licensed Embalmer's Statement on Reverse Side)

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.

LENA CURRIE

Student
Student Embalmer

Signed Lena Currie

Licensed Embalmer No. 2018

P. O. Address PITTSBURG, KANSAS.

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.