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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1384**

FILED FEB 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) R. R. No. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) Hardy		b. (Middle) John		c. (Last) Knock		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-4-94	
9. AGE (In years last birthday) 61		If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? Havana, Kansas / USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engr.		10b. KIND OF BUSINESS OR INDUSTRY Puritan Comp. Gas.					

13a. FATHER'S NAME John F. Knock		13b. MOTHER'S MAIDEN NAME Etta Haas		14. NAME OF HUSBAND OR WIFE Edna E. Knock	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Res. 1-95-03-4300		16. SOCIAL SECURITY NO. 1-95-03-4300		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna E. Knock, Independence, Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Second and third degree burns		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) almost entire body.					
DUE TO (c)		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 <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) Suicide Homicide Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-6-56		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Flash Fire - Apparently Oxygen dryer leaked.	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ruth H. Owens (Degree or title)		23b. ADDRESS 1034 Rialto Bldg. K.C. Mo		23c. DATE SIGNED 1-12-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-12-56		24c. NAME OF CEMETERY OR CREMATORY Salmen Cemetery		24d. LOCATION (City, town, or county) (State) Jackson County, Mo.	
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DATE REC'D BY LOCAL REG. 1-12-56		REGISTRAR'S SIGNATURE Melva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE George C. Carson, Independence, Mo.		ADDRESS	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FEB 6 1973

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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