

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED JAN 16 1956**

State File No. **2425**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **123**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).   |  |   |  |
| a. COUNTY <b>Randolph</b>  |  | a. STATE <b>Missouri</b>  |  | b. COUNTY <b>Randolph</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Salt Spring Twp.</b>   |  | c. CITY OR TOWN <b>Salt Spring Rural-Township</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place) <b>2 yrs.</b>  |  | e. STREET ADDRESS (If rural, give location) <b>near Thomas Hill, Missouri</b>   |  |   |  |
| <b>3. NAME OF DECEASED</b>   |  |   | <b>4. DATE OF DEATH</b>  |   |  |
| a. (First) <b>Davie</b>  |  |   | b. (Middle) <b>Allie</b>                                       |   |  |
| c. (Last) <b>Knight</b>  |  |   | Date: (Month) <b>January</b> (Day) <b>7</b> (Year) <b>1956</b> |   |  |
| <b>5. SEX</b> <b>male</b>  |  | <b>6. COLOR OR RACE</b> <b>white</b>  |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>  |  |
| <b>8. DATE OF BIRTH</b> <b>January 14, 1900</b>  |  | <b>9. AGE</b> (In years last birthday) <b>55</b>  |  | <b>10. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farming</b>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farming</b>   |  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Chariton County, Missouri</b>  |  |
| <b>13a. FATHER'S NAME</b> <b>William Leonard Knight</b>  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <b>Rosie Howell</b>  |  | <b>14. NAME OF HUSBAND OR WIFE</b> <b>Evelyn Knight</b>   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World War II</b>   |  | <b>16. SOCIAL SECURITY NO.</b> <b>491-14-3185</b>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Evelyn Knight: 804 Sturgeon: Moberly, Mo.</b>                                    |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>              |  | <b>MEDICAL CERTIFICATION</b>  |  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b>  |
|  |  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>coronary thrombosis</b>  |  |   | <b>30 min</b>  |
|  |  | <b>ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br><b>DUE TO (b)</b> _____<br><b>DUE TO (c)</b> _____ |  |   |  |
|  |  | <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><b>4201</b>                             |  |   |  |
| <b>19a. DATE OF OPERATION</b>  |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.  |  | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | <b>21f. HOW DID INJURY OCCUR?</b>   |  |
| <b>22. I hereby certify that I attended the deceased from <u>Jan 7, 1956</u>, to <u>Jan 7, 1956</u>, that I last saw the deceased alive on <u>Jan 7, 1956</u>, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.</b> |  |   |  |   |  |
| <b>23a. SIGNATURE</b> <b>W.E. Alexander</b> (Degree or title) <b>M.D.</b>  |  |   | <b>23b. ADDRESS</b> <b>William Hill M.D.</b>                   |   | <b>23c. DATE SIGNED</b>  |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>   |  | <b>24b. DATE</b> <b>1-10-1956</b>   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Huntsville Cemetery</b>  |  |
|  |  |   |  | <b>24d. LOCATION (City, town, or county) (State)</b> <b>Huntsville, Missouri</b>  |  |
| <b>DATE REC'D BY LOCAL REG.</b> <b>1-9-56</b>  |  | <b>REGISTRAR'S SIGNATURE</b> <b>Mary H. Bentley</b> <b>48290</b>  |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Tom B. Patton</b> <b>Huntsville</b>  |  |
|  |  |   |  | <b>ADDRESS</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

mo

JAN 17 1956

FEB 9 1956

JAN 25 1956

MS  
MAR 29 1960

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 *Tom B. Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Hunter*.....

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.