

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4039

State File No.

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU 4 DAYS</u>		c. CITY OR TOWN <u>CHAFFEE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST MO. HOSP.</u>		STREET ADDRESS (If rural, give location) <u>308 S. THIRD ST. 1001</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE IRVIN KNOWLTON</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2 26-1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-4-1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>F RISCO R. BATTERY LLC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WATERBURY CT</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HARLOW STIEL KNOWLTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY J. MONROE</u>	14. NAME OF HUSBAND OR WIFE <u>BERTHA KNOWLTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>702-07-127</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. LENON, ONEIKSVILLE MO</u>	ADDRESS <u>9190 19</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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wound, penetrating (gunshot wound) Head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2-24-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>gunshot wound Head</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>unprovoked</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Chaffee</u> (COUNTY) <u>Scott</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 24 56</u> a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot wd. Head</u>
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22. I hereby certify that I attended the deceased from 2-24, 1956, to 2-26, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at 3:00 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Hall ma.</u> (Degree or title) <u>C</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>2-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO</u>
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DATE REC'D BY LOCAL REG. <u>3-6-56</u>	REGISTRAR'S SIGNATURE <u>Co. C. Summers</u>	44-1)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Lenon</u>	ADDRESS <u>CHAFFEE MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1956

MAR 23 1956

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.....

Licensed Embalmer No. 381

P. O. Address Cape Girardeau

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.