

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4899
851

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		a. STATE MISSOURI		b. COUNTY CLAY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN NORTH KANSAS CITY		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 TRINITY LUTHERAN HOSP				e. STREET ADDRESS (If rural, give location) 1218 E. 22 nd Ave 6001			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Perley	b. (Middle) Lloyd	c. (Last) Knick	(Month) Feb	(Day) 24	(Year) 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 5, 1890		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Mendrite Co.		10b. KIND OF BUSINESS OR INDUSTRY N. K. C.		11. BIRTHPLACE (City and State or Foreign Country) Lexington, VA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles Knick		13b. MOTHER'S MAIDEN NAME Mollie Hostetter		14. NAME OF HUSBAND OR WIFE Lida E Knick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY 486-03-1664 ^{NO}		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lida Knick		ADDRESS 1218 E 22 nd place	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction			24 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) coronary occlusion			24 hr
				DUE TO (c) coronary arteriosclerosis			5-10 yrs
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis			1201 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Mar 15</u> , 195 ⁴ , to <u>Feb 24</u> , 1956, that I last saw the deceased alive on <u>Feb 23</u> , 1956, and that death occurred at <u>1:20 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Robert B. Hodge, Jr. (Degree or title) Dr.				23b. ADDRESS 329 Primrose North Hamilton		23c. DATE SIGNED Feb 24, 1956	
24a. BURIAL CREMATATION (Specify)		24b. DATE 2-27-56	24c. NAME OF CEMETERY OR CREMATORY White Chapel		24d. LOCATION (City, town, or county) (State) Clay Co. Mo		
DATE REC'D BY LOCAL REG. 2-25-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer		ADDRESS Low N. K. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1958

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 *John W. Halsebeck*

Licensed Embalmer No. *4949*
P. O. Address *Mo. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.