

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15635

42

1000

Registrar's No. 576

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN Skidmore		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 8 miles west, R.F.D. # 1			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) G. c. (Last) KNEPPER			4. DATE OF DEATH (Month) (Day) (Year) 5 19 56				
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/29/90		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Cattleman			10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Skidmore, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Knepper			13b. MOTHER'S MAIDEN NAME Mary Susan Nicodemus		14. NAME OF HUSBAND OR WIFE Bernice Linville Knepper		
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. 496-42-2950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Knepper, Skidmore, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Right Hydro-nephrosis with abscess</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Prostatic Hypertrophy</i> DUE TO (c) <i>Right Ureteral Obstruction</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pulmonary Embolism</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 Mo</i> <i>15 years</i> <i>3 Mo</i> <i>Immediate</i>	
19a. DATE OF OPERATION <i>18 May 1956</i>	19b. MAJOR FINDINGS OF OPERATION <i>Right Uretorostomy & Supra Pubic Cystostomy</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>610X</i>			
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 <i>13 May, 1956</i> , to <i>19 May, 1956</i> , that I last saw the deceased alive on <i>18 May, 1956</i> and that death occurred at <i>12:50 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>M. J. [Signature]</i>				23b. ADDRESS <i>St Joseph Mo</i>		23c. DATE SIGNED <i>5. 19. 56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>5/19/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Walkup's Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Fairfax, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>May 28, 1956</i>		REGISTRAR'S SIGNATURE <i>Cather M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Meierhoffer Fleeman Skidmore Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 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 *Raymond W. March*

Licensed Embalmer No. 44

P. O. Address *Superior*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.