

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23487
Registrar's No. 233

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 2023		Registrar's No. 233			
1. PLACE OF DEATH a. COUNTY <u>Hewny</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. CLAIR</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY OR TOWN <u>Oscarola</u>		d. Is 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 <u>Wetzel Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>N.W. 10 miles</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>		b. (Middle) <u>Myrle</u>		c. (Last) <u>Knight</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 56</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-26-1907</u>			
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Purvis</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph M. Knight</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith M. Knight</u>		ADDRESS <u>Louisy City</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemic Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Chemia (AMURIA)</u> DUE TO (c) <u>Third Degree Burns</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		979X			
21a. ACCIDENT (Specify) <u>attempted</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oscarola ST. CLAIR MO</u>		21f. HOW DID INJURY OCCUR? <u>PT. IGNITED Kerosene Thrown ON Her.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 1 56 11:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>56</u> , to <u>7-26</u> , 19 <u>56</u> that I last saw the deceased alive on <u>7-26</u> , 19 <u>56</u> , and that death occurred at <u>2:06 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wetzel</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>July 26, 56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidds Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Louisy City MO</u>			
DATE REC'D BY LOCAL REG. <u>7-30-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Madison Funeral Home Louisy City</u> ADDRESS <u>etc.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 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 *J.B. [Signature]*.....

Licensed Embalmer No. *303*.....

P. O. Address *[Signature]*.....

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.