

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23513**

Registrar's No. **48**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221**

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| 1. PLACE OF DEATH a. COUNTY Holt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt | |
| b. CITY OR TOWN Mound City <small>(If outside corporate limits, write RURAL and give township)</small> | | c. CITY OR TOWN Mound City <small>(If rural, give location)</small> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | <input checked="" type="checkbox"/> STREET ADDRESS <input type="checkbox"/> ADDRESS (If rural, give location) 2440 | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Elizabeth c. (Last) McKnight | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 14 1956 | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH July 11, 1882 | | 9. AGE (In years last birthday) 74 | | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Holt County, Mo. | |
| 13a. FATHER'S NAME Archibald Fleener | | | 13b. MOTHER'S MAIDEN NAME Mary Frances Bird | | |
| 14. NAME OF HUSBAND OR WIFE William A. McKnight | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|---|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or date of service) No. | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Wm A. McKnight ADDRESS Mound City, Mo. | |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. KIND OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 | |
| 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 **7-14**, 19**56**, to **7-14**, 19**56**, that I last saw the deceased alive on **7-14**, 19**56** and that death occurred at **12 P.M.**, from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE F E Hogan M.D. (Degree or title) | | 23b. ADDRESS Mound City, Mo. | | 23c. DATE SIGNED 7-16-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 16, '56 | | 24c. NAME OF CEMETERY OR CREMATORY New Liberty | |
| 24d. LOCATION (City, town, or county) Mo. Mound City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Hughes ADDRESS Mound City, Mo. | | | |

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|---|--|--------------------------------------|--|---|--|
| DATE REC'D BY LOCAL REG. 7/16/56 | | REGISTRAR'S SIGNATURE Amstutz | | 25. FUNERAL DIRECTOR'S SIGNATURE Hughes ADDRESS Mound City, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *At Lawford*.....

Licensed Embalmer No. *1824*.....

P. O. Address *Mound City*.....

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.