

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24333

State File No. _____

FILED AUG 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>180</u>		PRIMARY REG. DIST. NO. <u>4292</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>			
b. CITY OR TOWN <u>Winfield</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Winfield</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>In home</u>				f. STREET ADDRESS (If rural, give location) <u>0570</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u>		b. (Middle) _____		c. (Last) <u>KNOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAR. 18, 1862</u>	
9. AGE (In years last birthday) <u>94</u>		10. UNDER 1 YEAR Months _____ Days _____		11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN COUNTY, Mo.</u>			
13a. FATHER'S NAME <u>I. N. FIELDER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA RICKS</u>		14. NAME OF HUSBAND <u>GEORGE KNOX</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 ADDRESS <u>Georgia Knox - Winfield, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease 5 yrs</u> DUE TO (c) <u>Debility of Age</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 <u>7 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		442X		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) (Minute) _____ m.		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>Feb 5, 1953</u> to <u>July 31, 1956</u> that I last saw the deceased alive on <u>July 31, 1956</u> and that death occurred at <u>4:30a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank L. Sutton</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Winfield, Mo.</u>		23c. DATE SIGNED <u>8/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 2, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>Winfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-11-1956</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		2. EMBALMER'S SIGNATURE ADDRESS <u>Charles Hicks - Elsberry, Mo.</u>			

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

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. 4017

P. O. Address Ellettsville, Mo.

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.