

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 6 1956 STANDARD CERTIFICATE OF DEATH

State File No. **26168**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **448**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (in this place) 15 DA.	c. CITY OR TOWN MILL SPRING
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPT.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1101	

3. NAME OF DECEASED (Type or Print)	a. (First) EMILY	b. (Middle) ELIZABETH	c. (Last) KNOX	4. DATE OF DEATH (Month) (Day) (Year) Aug 18 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-15-1862	9. AGE (In years last birthday) 94	10. F UNDER 1 YEAR 2	11. F UNDER 24 HRS. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) MILL SPRING, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES MOSS	13b. MOTHER'S MAIDEN NAME CORDELIAN ROBERTSON	14. NAME OF HUSBAND OR WIFE BENJAMIN F KNOX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) L	16. SOCIAL SECURITY NO. L	17. INFORMANT'S SIGNATURE OR NAME James E. Knox	ADDRESS Mill Spring, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure		
	DUE TO (c) Senile changes.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 794X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-21-1956** to **8-18-1956**, that I last saw the deceased alive on **8-18-1956**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Kneibert M.D. (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED Aug 24, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/30/56	24c. NAME OF CEMETERY OR CREMATORY CARSON HILL	24d. LOCATION (City, town, or county) (State) MILL SPRING, MO.
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DATE REC'D BY LOCAL REG. 8/30/56	REGISTRAR'S SIGNATURE J. M. M... ..	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Lish	ADDRESS Piedmont 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Morris E. Bowler.....

Licensed Embalmer No. 44.....

P. O. Address Piedmont.....

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.