

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27482

STATE FILE NUMBER

FILED SEP 5 1956

Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 65

| | | | | | |
|---|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette,</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Freedom Twp</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Knobnoster,</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway U.S.#40</u> | | Length of stay in lb <u>Transit,</u> | d. STREET ADDRESS <u>R.R.</u> | | (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>JACOB LAWRENCE KNAUS</u> | | | 4. DATE OF DEATH Month Day Year <u>August 24th 1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>August 1, 1895</u> | 9. AGE (In years last birthday) <u>61</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer,</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Knobnoster, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>George Washington Knaus,</u> | | | 14. MOTHER'S MAIDEN NAME <u>Martha Ellen Langham</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Mrs. Joan West, Kansas City, Missouri</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head Injuries, Crushing Chest injury</u> <u>@ profuse massive hemorrhage in skull</u> <u>Automobile Accident. Dislocation left hip</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto Accident,</u> | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. _____ p. m. <u>8-2 1956</u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway #40</u> | 20f. CITY, TOWN, OR LOCATION <u>051 Lafayette Co. Missouri</u> | | STATE |
| 21. I attended the deceased from <u>Saw him Dead</u> and last saw her <u>alive on 8-24-56</u> Death occurred at <u>10:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W. Martin MD</u> | | 22b. ADDRESS <u>Coroner, Odessa Mo</u> | | 22c. DATE SIGNED <u>8-26-1956</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-28-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery,</u> | 23d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>Sept. 1-1956</u> | 26. REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

SEP 6 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 ~~me~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. A. Brunninger*.....

Licensed Embalmer No. *33*

P. O. Address *P. Warren*

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