

FILED SEP 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29564

State File No.

No. 300
10-46

BIRTH NO.		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ORAN</u>		c. LENGTH OF STAY (In this place) <u>8 MONS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ORAN</u>		d. STREET ADDRESS (If rural, give location) <u>ORAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORAN</u>				d. STREET ADDRESS (If rural, give location) <u>ORAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>LESTER</u> c. (Last) <u>KNEEZZLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 29 1956</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 20 1883</u>		9. AGE (In years last birthday) <u>73</u>	10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>ELAM KNEEZZLE</u>		13b. MOTHER'S MAIDEN NAME <u>MANDA INMAN</u>		14. NAME OF HUSBAND OR WIFE <u>DELIAH KNEEZZLE</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>490-05-5572</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DELIAH KNEEZZLE</u>		ADDRESS <u>ORAN, 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>Chronic Endocarditis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>4214</u>					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) (Min.)		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</u> , 1956, to <u>8/29</u> , 1956, that I last saw the deceased alive on <u>8/29</u> , 1956, and that death occurred at <u>1:50</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. A. Chism MD</u>				23b. ADDRESS <u>Oran Mo</u>		23c. DATE SIGNED <u>9/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 2 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNITY BAPTIST</u>		24d. LOCATION (City, town, or county) (State) <u>SCOTT COUNTY MO.</u>		
DATE REC'D BY LOCAL REG. <u>9-9-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. Brophy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl G. Smith</u>		ADDRESS <u>ORAN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

445
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DATE RECEIVED SEP 10 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-188

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 7676

P. O. Address Owen, 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 this body is not embalmed, fact should be so stated above.