

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2142**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. **261** PRIMARY REG. DIST. NO. **2048** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville, -----		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Maryville
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) NE Maryville, Mo		0142	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey	b. (Middle) A	c. (Last) Knobb	4. DATE OF DEATH (Month) (Day) (Year) 1 21 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 25, 1881
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W Knobb	13b. MOTHER'S MAIDEN NAME Eliza Yeager	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME William Knobb, Maryville, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mental Embolism to brain from carcinoma of prostate		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) carcinoma of prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION Jan 15, 1957	19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate	177X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) None	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)	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 **Dec 1955**, to **Jan 1957**, that I last saw the deceased alive on **Jan 21, 1957**, and that death occurred at **10:20 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. K. Blum	23b. ADDRESS Maryville, Mo	23c. DATE SIGNED 1/27/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/23/1957	24c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Maryville, Mo		

DATE REC'D BY LOCAL REG. 1-25-57	REGISTRAR'S SIGNATURE Bern Holt	25. FEDERAL DIRECTOR'S SIGNATURE W. H. Johnson	ADDRESS Maryville Mo.
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WRITE PLAINLY—USING UNFAADING 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.....
G. M. Alch...

Licensed Embalmer No.. *232*
P. O. Address *Maryville*

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.