

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1957

State File No. **3864**
Registrar's No. **197**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 197	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff		c. LENGTH OF STAY (in this place) 5 Days		c. CITY OR TOWN Tallapoosa		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff hospital				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Frankie			b. (Middle) Maryetta		c. (Last) Knapp		4. DATE OF DEATH (Month) (Day) (Year) 1 24 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-30-1881		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Izard County, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bart Langston		13b. MOTHER'S MAIDEN NAME Melinda Watts		14. NAME OF HUSBAND OR WIFE Francis E. Knapp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gaylon Knapp Tallapoosa, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 1-20, 1957 , to 1-24, 1957 , that I last saw the deceased alive on 1-24, 1957 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank E. Dunell M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 1-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-26-1957	24c. NAME OF CEMETERY OR CREMATORY New Malden Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Mo.		
DATE REC'D BY LOCAL REG. 1/27/57		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE (Signature)		ADDRESS Russell Piggott, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

489

RECEIVED

MAR 4 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Joseph Russell* _____

Licensed Embalmer No. *509*

P. O. Address *Piquette, Pa.*

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.