

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1957

State File No. **7531**

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Lamar, Missouri</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal, Missouri</u>		<u>0060</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Potts Nursing Home at Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>			b. (Middle) <u>Elmer</u>		c. (Last) <u>Knapp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 13 1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 5, 1879</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days <u>77</u>	IF UNDER 24 HRS. Hours Min. <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired railroader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Hammond, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Ira Knapp</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Reed</u>			14. NAME OF HUSBAND OR WIFE		
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>488-16-3289</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Shirley Terrea -- daughter, Livermore, Colo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						<u>years</u>	
	DUE TO (c) <u>Paroxysmal fibrillation</u>						<u>years</u>	
	II. OTHER SIGNIFICANT CONDITIONS - <u>Senile Dementia</u>						<u>years</u>	
	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>331X</u>						19c. 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)		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>3-4</u> , 19 <u>57</u> , to March <u>13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 13</u> , 19 <u>57</u> , and that death occurred at <u>5:40 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deputy or full) <u>Herbert M. Donaldson</u>				23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>MAR 15 '57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 16, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>MAR 21 '57</u>		REGISTRAR'S SIGNATURE <u>Marie Kenneth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Montague</u>		ADDRESS <u>Mulberry's</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

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
Student Embalmer

Signed *J. H. Smith*

Licensed Embalmer No. 3949

P. O. Address Pittsburg, Kan.

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.