

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15817**

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **30720** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN Marshall, Mo.		c. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) All his		e. STREET ADDRESS (If rural, give location) 469 So. Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 469 So. Benton			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Edward	c. (Last) Knox 3rd.	4. DATE OF DEATH (Month) (Day) (Year)
				May 3 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 29, 1954	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Edward Knox	13b. MOTHER'S MAIDEN NAME Shirley Darlene Hatfield	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Shirley Hatfield-Marshall, No.	ADDRESS
---	----------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure (congestive)		2 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibrosclerotic myocardium 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Jan 4, 1956 to 3 May, 1957**, that I last saw the deceased alive on **3 May, 1957**, and that death occurred at **6:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. F. Lusk (Degree or title) MD	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 4 May '57
--	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/5/57	24c. NAME OF CEMETERY OR CREMATORY Sunset M. Garden	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 5-4-57	REGISTRAR'S SIGNATURE Carroll S. Reed	25. FUNERAL DIRECTOR'S SIGNATURE J. Leali Sweeney - Marshall, Mo.	ADDRESS
--	--	--	---------

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

5290

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.....
J. Leslie Perry

Licensed Embalmer No. *3735*

P. O. Address *Marshall*

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.