

Health,
Welfare
Public
Service

300
1-56

0180
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. Must use only standard nomenclature in item 18. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

20359

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 5214 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY CARTER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. S. GRANDIN Min.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2 Mi. S. GRANDIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle SLOAN Last KNAPP			4. DATE OF DEATH Month JUNE Day 24 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov 13 - 1941		9. AGE (In years last birthday) 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HIGH SCHOOL STUDENT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WASHINGTON		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME RALPH B. KNAPP			14. MOTHER'S MAIDEN NAME FAYE KNAPP (LEWELLEN)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address FAYE KNAPP		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shoe Fracture					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Auto accident					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			018		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death on arrival and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Coroner Tom Brown			22b. ADDRESS		22c. DATE SIGNED 6/24/57
23a. BURIAL, CREMATION, or MOVIAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
REMOVED		6/27/57	KNAPP CEMETERY		PRIM - ARKANSAS
24. FUNERAL DIRECTOR ADDRESS EDWARDS FUNERAL HOME			25. DATE RECD. BY LOCAL REG. June 27 - 57	26. REGISTRAR'S SIGNATURE Mrs Octa Henson	

Use only black ink or ribbon typewrite if possible (Continued on Reverse Side)

RECEIVED

JUL 3 1957

CARTER CO
HEALTH CENTER

JUL 10 1957

JUL 23 1957

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 *Gene Harrent*

Licensed Embalmer No. 480

P. O. Address *Birmingham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.