

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46830**

FILED JAN 7 1958

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 500		Registrar's No. 3165	
1. PLACE OF DEATH a. COUNTY St. Louis Co. Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.			
b. CITY OR TOWN Robertson Tno		c. LENGTH OF STAY (In this place) 770 years		c. CITY OR TOWN Robertson		d. In 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 Summitt Ark				e. STREET ADDRESS (If rural, give location) Summitt Ark			
3. NAME OF DECEASED (Type or Print) a. (First) Versie			b. (Middle) Lee		c. (Last) KNOX		4. DATE OF DEATH (Month) (Day) (Year) 12. 10. 57
5. SEX Female	6. COLOR OR RACE N.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept. 28. 1928	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 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) Granda Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME K. Willie			13b. MOTHER'S MAIDEN NAME Mary Chamberline		14. NAME OF HUSBAND OR WIFE Eddie Knox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Eddie Knox 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thermal heat injury and carbon monoxide poisoning				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9160	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) Robertson (COUNTY) 7th (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 10, 1957 11:00 approx.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Found dead in home after her bedroom became ignited from an overheated coal stove			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Raymond L. Davis Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 12/17/57	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-1957		24c. NAME OF CEMETERY OR CREMATORY Mucks Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REG. 12-15-57		REGISTRAR'S SIGNATURE Herbert R. Dornke MD		25. FUNERAL DIRECTOR'S SIGNATURE Ernest Halick ADDRESS 354 W. Hall Ave Robertson 520			

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

Was not able to Embalm this one

STATEMENT BY LICENSED EMBALMER

Ernest Hadwick

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Ernest Hadwick Undertaker*, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest Hadwick*

Licensed Embalmer No.....

P. O. Address.....

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.