

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2222

STATE FILE NUMBER

FILED JAN 24 1958

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 12

300
-57 /

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>	
b. CITY OR TOWN <u>Carruthersville</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Carruthersville</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Route 1</u> (If outside, give location) <input type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Sampson Knuebler</u>		4. DATE OF DEATH <u>1-11-58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1912</u>
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and state or country) <u>Portland Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Knuebler</u>	
13b. MOTHER'S MAIDEN NAME <u>Clarice Cabron</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
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>4201</u>	17. INFORMANT <u>Ola Mae Stanley Broggalinski</u> Address <u></u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u> DUE TO (b) <u>(Primary attack)</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>		20c. TIME OF INJURY .Hour Month, Day, Year <u>None</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
20f. CITY, TOWN, OR LOCATION <u>Carruthersville</u>		20g. COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>12-2-57</u> to <u>1-11-58</u> and last saw her alive on <u>1-2-58</u> Death occurred at <u>1:05 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. W. Cook</u> (Deceased or title) <u>M.D.</u>		22b. ADDRESS <u>Carruthersville, Mo</u>	
22c. DATE SIGNED <u>1-17-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	
23d. LOCATION (City, town, or county) <u>Stella</u>		23e. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>German Mills - Stella Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Freddie B. Wilkie</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1-30-58

JAN 22 1958

JAN 24 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.



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 *[Handwritten Signature]*

Licensed Embalmer No. *4732*

P. O. Address *Steel Smo*

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.