

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004627  
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 198

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>7401 Murdock Ave.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>E. Ray Knoll</b>		4. DATE OF DEATH Month Day Year <b>Feb. 20-1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-27-1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sales manager for Pitt. Tank and Lowl</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>9 USA</b>
13a. FATHER'S NAME <b>Elyt Knoll</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes. WW I</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>	
17. INFORMANT <b>Family records and Hosp. information</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b> DUE TO (b) <b>Compnd Fracture of femur, fracture of humerus, contusion chest</b> DUE TO (c) <b>Asphyxia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>Head &amp; collar of tur. auto truck</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>2-19-58</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>state hwy 53</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Butler Co, Missouri</b>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at <b>app</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Bluff View</b>	
22c. DATE SIGNED <b>2-20-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>2-20-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>River view cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Thorpe Gordon Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>2/21/58</b>	
ADDRESS <b>Jefferson City, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

RECEIVED  
FEB 24 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAR 4 1958  
FEB 28 1958

JAN 21 1959

MAR 24 1958

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 Ray J. Adams

Licensed Embalmer No. 4928

P. O. Address Poplar Bluff, Mo.

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.