

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005647

STATE FILE NUMBER

1045

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1045

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKEVIEW HOSPITAL</u>		Length of stay in lb <u>12 YEARS</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>FORREST</u> Last <u>KNOX</u>		4. DATE OF DEATH Month <u>FEB.</u> Day <u>24</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>AUG-4-1876</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JENKINS MUSIC STORE</u>	
11. BIRTHPLACE (City and state or country) <u>PRINCETON, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>AARON JOSEPH KNOX</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY AMENT</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>---</u>	
16. SOCIAL SECURITY NO. <u>452-30-1584</u>		17. INFORMANT <u>BARD POLLARD</u> Address <u>5050 OAK STREET, KANSAS CITY, MISSOURI</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>Chronic Nephritis</u> Interval between onset and death <u>5 Months</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hydronephrosis</u> Interval between onset and death <u>5 Months</u> DUE TO (c) <u>Carcinoma of Bladder</u> Interval between onset and death <u>5 Months</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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 <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		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 <u>18 July 1951</u> to <u>24 Feb. 1958</u> and last saw ^{her} <u>him</u> alive on <u>23 Feb. 1958</u> Death occurred at <u>9:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write in ink) <u>[Signature]</u>		22b. ADDRESS <u>3 East 39th St., K. C., Mo.</u>	
22c. DATE SIGNED <u>2/25/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	
23b. DATE <u>FEB 26 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMER'S SONS 1331 BAUSH CREEK KANSAS CITY, MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-26-58</u>		26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE 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.