

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006233  
STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 164 Primary Registration District No. 3037 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>		c. CITY OR TOWN <u>Warrensburg</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>408 Clark</u>			Length of stay in 1b <u>4 years</u>		d. STREET ADDRESS (If outside, give location) <u>408 Clark</u>		Reside on Farm <u>No</u>					
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Belle</u> Last <u>Knight</u>						4. DATE OF DEATH Month <u>February</u> Day <u>13th</u> Year <u>1958</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>January 19, 1882</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>James Cox</u>					14. MOTHER'S MAIDEN NAME <u>Minnie Wells</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>None</u>		17. INFORMANT Address <u>Mrs Ralph Davis, Warrensburg, 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>Coronary Arteriosclerosis</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>									INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>			
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, Day, Year 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>Dec 1957</u> to <u>2-13-58</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>2-12-58</u> Death occurred at <u>3:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>R Lee Cooper MD</u>						22b. ADDRESS <u>Warrensburg, Missouri</u>			22c. DATE SIGNED <u>2-17-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-15-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Warrensburg Missouri</u>					
24. FUNERAL DIRECTOR ADDRESS <u>R. A. Brauning, Warrensburg, Missouri</u>					25. DATE RECD. BY LOCAL REG. <u>Feb. 16, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Lavannah Crutcher Field</u>					

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**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 *Richard J. Malone*.....

Licensed Embalmer No. *48*.....

P. O. Address *Warrenton*.....

**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.