

FILED APR 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011254
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Elvins</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Elvins</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			Length of stay in lb			d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>JOHN</u>		First		Middle <u>A.</u>		Last <u>KNOWLES</u>	
4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1958</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Jan-30-1879</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>		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>Retired Employment Agt.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead.</u>		11. BIRTHPLACE (City and state or country) <u>Madison Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Benjamin Knowles</u>			
14. MOTHER'S MAIDEN NAME <u>Sarah Tinnin</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>493-03-8877</u>				17. INFORMANT Address <u>Mrs. Rosie Knowles Elvins, Mo.</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 occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u>							
DUE TO (c) <u>4201</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertension, uremic anemia</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 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> 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		
20g. STATE			21. I attended the deceased from <u>3-19-58</u> to <u>3-21-58</u> and last saw her/him alive on <u>3-19-58</u> Death occurred at <u>1:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>J. G. Gache M.D.</u>			22b. ADDRESS <u>Desloge, Missouri</u>			22c. DATE SIGNED <u>3-22-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar-24-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sparks Funeral Home Flat River, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Mar. 22, 1958</u>		25. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		

MS. APR 23 1959

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Murphy LaParo*

Licensed Embalmer No. *42*

P. O. Address *St. Paul*

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.