

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-014796
 State File No.

FILED APR 22 1958

0520

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox					
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Edina		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Clement b. (Middle) A. c. (Last) Knapp				4. DATE OF DEATH (Month) (Day) (Year) 4-17-1958					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 12-31-1872			
9. AGE (In years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness Maker		10b. KIND OF BUSINESS OR INDUSTRY Own Shop		11. BIRTHPLACE (State or foreign country) Knox Co. Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fredrick Knapp		13b. MOTHER'S MAIDEN NAME Mary Doehling		14. NAME OF HUSBAND OR WIFE Jerome Knapp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerome Knapp Edina, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute Circulatory Failure Coronary Thrombosis with Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201							
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Edina, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 1956 to April 17, 1958 , that I last saw the deceased alive on Apr. 17, 1958 , and that death occurred at 8:30 A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Blasdelius D.O.				23b. ADDRESS Edina, Mo.		23c. DATE SIGNED 4/18/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 19-1958		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24d. LOCATION (City, town, or county) (State) Edina, Missouri			
DATE REC'D BY LOCAL REG. Apr. 19		REGISTRAR'S SIGNATURE Helle A. Hunolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Kiephausen Edina Mo.					

JUN 19 1959

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 _____
Student Embalmer

Signed Paul C. Kriegerhauser

Licensed Embalmer No. 4085

P. O. Address Edina 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 this body is not embalmed, fact should be so stated above.