

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016033

STATE FILE NUMBER

FILED APR 18 1958

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **3956**

300

1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> COUNTY <i>Washington</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rural</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		Length of stay in 1b #1	d. STREET ADDRESS (If outside, give location) 31 Cadet Mo RFD.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle RILEY Last KNIGHT			4. DATE OF DEATH Month APR. Day 4, Year 1958		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 19 1882.		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <i>Banfield Ark</i>	
10c. CITIZEN OF WHAT COUNTRY? <i>USA</i>		14. NAME OF HUSBAND OR WIFE <i>Lucie Stewart Campbell</i>			
13a. FATHER'S NAME <i>Thomas Knight</i>		13b. MOTHER'S MAIDEN NAME <i>Bettie Harnett</i>		14. NAME OF HUSBAND OR WIFE <i>Lucie Stewart Campbell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT <i>Hospital Records</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF @ MIDDLE CEREBRAL ARTERY DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332x					INTERVAL BETWEEN ONSET AND DEATH 5 days
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 _____ a.m. _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT <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 3/31/58 to 4/4/58 and last saw her alive on 4/4/58 Death occurred at 11:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Leo S. Mulligan MD</i>			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 4/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<i>Buried</i>		4-6-58	<i>Germania</i>		<i>Bonne Terre Mo</i>
24. FUNERAL DIRECTOR <i>Snacks. Bonne Terre</i>			25. DATE RECD. BY LOCAL REG. APR 9 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Buclett Sparks*

Licensed Embalmer No. *4287*
P. O. Address *Bonnie Lane*

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.