Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 16 1958

58-017034
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dexter — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter 1031 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 108 East Truitt — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Modesta Last: Knight
4. DATE OF DEATH Month Day Year: April 3, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 2, 1889
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Shawneetown, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: James Jasper Berry
13b. MOTHER'S MAIDEN NAME: Mary Ellen Carsnor
14. NAME OF HUSBAND OR WIFE: Wm. Richard Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Mary Cox, Address: Dexter, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Primary carcinoma of breast.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 March 5, 1958, to April 3, 1958 and last saw her alive on March 28, 1958
Death occurred at 9:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. E. Jones (Degree or title) M.D.
22b. ADDRESS 112 S. Walnut, Dexter
22c. DATE SIGNED 4-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-5-58
23c. NAME OF CEMETERY OR CREMATORY Dexter
23d. LOCATION (City, town, or county) (State) Dexter, Missouri

24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 4-12-58
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

409
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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 Raymond L. Duffee

Licensed Embalmer No. 4798

P. O. Address Berne, Me

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.