

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021138

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 161

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Callaway</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Fulton</i> <i>01430</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Callaway Hosp</i> | | Length of stay in 1b <i>5 hrs</i> | d. STREET ADDRESS (If outside, give location) <i>105 W. 9th St.</i> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Horis Elizabeth Knife</i> | | | 4. DATE OF DEATH Month Day Year <i>July 11 1958</i> |
| 5. SEX <i>Female</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 <i>Nov. 11-1895</i> |
| 9. AGE (In years last birthday) <i>62</i> | | IF UNDER 1 YEAR Months <i>8</i> Days <i>0</i> | IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i> | 11. BIRTHPLACE (City and state or country) <i>Callaway Co. Mo</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13. FATHER'S NAME <i>Charles Branch</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Margaret Cheney</i> | | 14. NAME OF HUSBAND OR WIFE <i>John Knife</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>NO</i> | | 16. SOCIAL SECURITY NO. <i>499-30-7438</i> | 17. INFORMANT <i>John Knife</i> Address <i>105 W. 9th Mo</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) <i>Cerebral Hemorrhage</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>7 hours</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive cardiovascular disease</i> | | | <i>15 yrs</i> |
| DUE TO (c) <i>443X</i> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <i>1958</i> to <i>11 July 1958</i> and last saw her <i>alive</i> on <i>11 July 58</i> Death occurred at <i>10-40</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>E. R. Cook</i> (Degree & title) <i>MD</i> | | 22b. ADDRESS <i>Fulton Mo</i> | 22c. DATE SIGNED <i>12 July 58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>July 13-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Bull Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>East-Holt Summit Mo</i> |
| 24. FUNERAL DIRECTOR <i>Claypool Fun. Home</i> ADDRESS <i>New Bloomfield</i> | | 25. DATE RECD. BY LOCAL REG. <i>July 12 1958</i> | 26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 4 1960

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 *LeRoy Claypool*

Licensed Embalmer No. *4412*
P. O. Address *New Bedford*

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.