

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032021  
State File No.

FILED SEP 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 131

1. PLACE OF DEATH <u>Home</u> a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar West Perry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar MO</u>	
c. LENGTH OF STAY (In this place) <u>22 yr</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rehabilitation</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>WINFRED</u>		c. (Last) <u>KNOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4-1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 9-1883</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Powhatan Bistler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Christopher</u>		14. NAME OF HUSBAND OR WIFE <u>William Knox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Dave Knox Harrisonville MO</u>	

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* (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Nephrosclerosis</u>		UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Cerebral Arteriosclerosis</u>		2/1/58	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

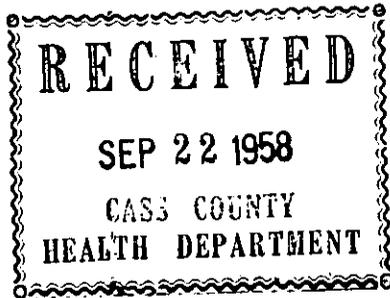
22. I hereby certify that I attended the deceased from Sept 5 to Sept 4, 1958, that I last saw the deceased alive on Sept 4, 1958 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Harrisonville MO</u>		23c. DATE SIGNED <u>Sept 7, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 7-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wills Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Peculiar MO</u>			

DATE REC'D BY LOCAL REG <u>Sept 14, 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Geo. E. Myers Cleveland MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 25-17

P. O. Address Cleveland, 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.