

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032159

STATE FILE NUMBER

62777-58

SEP 16 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 109

S. 300
v. 1-57

Doctor, coronator, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mountain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jipton 0630		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp			Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) R.F.D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle TERESA Last KNIPP				4. DATE OF DEATH Month Sept. Day 4 Year 1958					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 3, 1958		9. AGE (In years) IF UNDER 1 YEAR last birthday) Months 1 Days 1 Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph A. Knipp			13b. MOTHER'S MAIDEN NAME Helen E. Cullen			14. NAME OF HUSBAND OR WIFE			
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 Mrs. Helen Knipp - Jipton, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature - Atelectasis							INTERVAL BETWEEN ONSET AND DEATH 4 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Prematurity		DUE TO (c) C		7625			
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 6:15 a.m. 7 p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 9/3/58 to 9/4/58 and last saw ^{him} alive on 9/4/58 Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) E. T. Humphreys MD				22b. ADDRESS Boonville, Mo				22c. DATE SIGNED Sept. 6, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 5, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Andrew's Catholic		23d. LOCATION (City, town, or country) Jipton, Mo.		(State)	
24. FUNERAL DIRECTOR Richard D. Conn - Jipton, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 9/6/58		26. REGISTRAR'S SIGNATURE D. Hooper		

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 *Richard D. Coon*

Licensed Embalmer No. *4703*

P. O. Address. *Ipswich, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.