Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036464
STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5091

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osteopathic Hospital — Length of stay in lb 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1435 Collins — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Walter Middle Samuel Last Knepp

4. DATE OF DEATH Month Day Year Oct-27-1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov-27-1881
9. AGE (In years last birthday) 76 — 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) Millwright
10b. KIND OF BUSINESS OR INDUSTRY Sash & Door Co.
11. BIRTHPLACE (City and state or country) Miami County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew R. Knepp
13b. MOTHER'S MAIDEN NAME Mary Winn
14. NAME OF HUSBAND OR WIFE Sara L. Knepp

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. 487-01-3083
17. INFORMANT Mrs. Sara L. Knepp Address 1435 Collins K.C. Mo.

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) Cerebral APoplexy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility 334 A.
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)

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 Jan. 1956, to Oct. 26, 1958 and last saw her/him alive on Oct. 26, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Galen V. Pilger DO
22b. ADDRESS 2011 Dudley Ave.
22c. DATE SIGNED 10/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-29-1958
23c. NAME OF CEMETERY OR CREMATORY Miami Cemetery
23d. LOCATION (City, town, or county) (State) Louisburg, Kansas

24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 10-28-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Richard Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Galen V. Pilger

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 W. P. Rinne

Licensed Embalmer No. 4879

P. O. Address 15 P. M.

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.