

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039322

STATE FILE NUMBER

FILED DEC 15 1958 Kanagawa

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 355

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1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp</b>		d. STREET ADDRESS <b>316 Locust St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Andrew Henry W. Knernschield</b>		4. DATE OF DEATH Month Day Year <b>Dec 11 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 12, 1885</b>
9. AGE (in years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book-binder</b>	11. BIRTHPLACE (City and state or country) <b>Spencer, Wisconsin / U.S.A.</b>
10a. KIND OF BUSINESS OR INDUSTRY <b>Printing</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Nicholas Knernschield</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Huffman</b>	
14. NAME OF HUSBAND OR WIFE <b>Agnes Knernschield</b>		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 Address <b>Mrs. C.M. Crosby, Jefferson City, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach &amp; bleeding</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8-10 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>151X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic nephrosclerosis &amp; anemia</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>10/20/58</b> to <b>12/11/58</b> and last saw him alive on <b>12/11/58</b> Death occurred at <b>342 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>7 Kanagawa MD</b>		22b. ADDRESS <b>515 E High St</b>	
22c. DATE SIGNED <b>12/12/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/13/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Thorpe J Gordon, Jefferson City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12 Dec 1958</b>	
26. REGISTRAR'S SIGNATURE <b>P.P. Norris, MD-MR</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, Registrar, and Registrar's Office may use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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DEC 15 1958

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 [Handwritten Signature]

Licensed Embalmer No. 1786 P. O. Address [Handwritten Address]

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.