

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043563
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 174

FILED DEC 30 1958

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Ray, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Buckner</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IOOF Hospital</u> Length of stay in lb <u>5.5 days</u>		d. STREET ADDRESS (If outside, give location) <u>Buckner-Tarsney Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Paul William Knapheide</u>			4. DATE OF DEATH Month Day Year <u>Dec. 18, 1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 12, 1888</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Stationary Engineer - Great Lakes Pipe Line</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Holstein</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frederick Wm. Knapheide</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilde Schneider</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie C. Knapheide</u>
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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>487-05-9247</u>	17. INFORMANT <u>Howard Knapheide</u> Address <u>115 E. Armour Kansas City, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 Mo.</u>
DUE TO (b) _____ DUE TO (c) _____		
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 a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from Dec 25 to Dec 18 and last saw her alive on Dec 18 1958
Death occurred at 9:58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wm H Jackson M.D.</u>	22b. ADDRESS <u>Liberty Mo</u>	22c. DATE SIGNED <u>12/19/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 21, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>
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24. FUNERAL DIRECTOR <u>Harold A. Reppert</u> ADDRESS <u>Buckner</u>	25. DATE RECD. BY LOCAL REG. <u>Mo 12-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 Ralph O Jones Licensed Embalmer No. 4604 P. O. 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.