

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000018  
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Schuyler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Greentop</b> 0990
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K. O. H.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Greentop</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Wayne</b> Middle <b>Mitchell</b> Last <b>Kneir</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>4,</b> Year <b>1959</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>F b. 4, 1959</b>		9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Hours <b>10</b> Min. <b>3</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Kirkville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Vernon Kneir</b>		13b. MOTHER'S MAIDEN NAME <b>Peggy Lou Ramsey</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Vernon Kneir, Greentop, Mo.</b>	Address
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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) <b>Anoxia</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Massive atelectasis</b>			
DUE TO (c) <b>Prematurity</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Maternal - placenta previa totalis 7625</b>			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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ 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 <b>Kirkville, Mo.</b>	COUNTY <b>Schuyler</b>	STATE <b>Mo</b>
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21. I attended the deceased from <b>2-4-59</b> to <b>2-4-59</b> and last saw <sup>her</sup> him alive on <b>2-4-59</b> Death occurred at <b>7:17 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>James W. Ratliff</i> (Degree or title) <b>2</b>	22b. ADDRESS <b>Kirkville, Mo.</b>	22c. DATE SIGNED <b>2/5/59</b>
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23a. BURIAL, CREMATION, REPOSS. (Specify) <b>Burial</b>	23b. DATE <b>2/6/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greentop Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Greentop, Mo.</b>
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24. FUNERAL DIRECTOR <i>Paul M. Riley</i>	ADDRESS <b>Kirkville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-5-1959</b>	26. REGISTRAR'S SIGNATURE <i>James W. Ratliff</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....  
Signature of Student Embalmer

Signed *Richard R. Ellis* .....

Licensed Embalmer No. *5036* .....  
P. O. Address *Kirkville, 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.