

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002540
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 4448 Primary Registration District No. 6024 Registrar's No. 10

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo Jump</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>(Near) Elmira</u> ⁰⁸⁹⁰
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>Cordelia</u> Last <u>Knutter</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>18</u> Year <u>1959</u>		
5. SEX <u>Female</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>Nov. 23-1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ray Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Barney Whitsett</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Witt</u>		14. NAME OF HUSBAND OR WIFE <u>Edd Knutter</u>	
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. <u>495-42-6110</u>	17. INFORMANT <u>Edd Knutter</u> Address <u>Elmira Mo</u>		

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>Pulmonary Embolus & Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocarditis & Aneurysmal Infarction</u>	<u>3 yrs.</u>
	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 <u>2 P.M.</u> Month, Day, Year		

20d. INJURY OCCURRED WHILE AT <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 <u>Elmira</u>	COUNTY <u>Ray</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>1956</u> to <u>Jan 17, 1959</u> and last saw her alive on <u>Jan 17, 1959</u> Death occurred at <u>2 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Walter R. Quehner MD</u>		22b. ADDRESS <u>Lawson Missouri</u>	22c. DATE SIGNED <u>1/20/59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-20-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmira</u>	23d. LOCATION (City, town, or county) (State) <u>Elmira Mo</u>
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24. FUNERAL DIRECTOR <u>Alsbaugh & Cowley Polo Mo</u>	ADDRESS <u>1-23-1959</u>	25. DATE RECD. BY LOCAL REG. <u>1-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</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.

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 *Ernest Moulton*

Licensed Embalmer No. *4924*
P. O. Address *Pole, 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.