

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004924

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 41

REC'D FEB 20 1959

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>California</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARYS Hosp.</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>2 weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>MYRTLE</u> Last <u>McKNIGHT</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>11</u> Year <u>1959</u>			
5. SEX <u>1</u> <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>SEPT 11 - 1902</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>	11. BIRTHPLACE (City and state or country) <u>Lee Summit Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JIM PACE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CONNELL</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK McKNIGHT</u>		
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>No</u>		17. INFORMANT <u>FRANK McKNIGHT</u> Address <u>California 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>acute fibrinous Peritonitis,</u> <u>leakage from unhealed intestinal</u> <u>wound.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infant, septic, right upper lung</u> DUE TO (c) <u>adenocarcinoma Transverse Colon</u> <u>with obstruction, metastasis to liver.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u> <u>6 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>15.31</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>10:10 P.M.</u> 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

21. I attended the deceased from <u>1-25-59</u> to <u>2-11-59</u> and last saw her alive on <u>2-11-59</u> . Death occurred at <u>10:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title) <u>Rendall A. Clark, M.D.</u>	22b. ADDRESS <u>Jefferson City</u>	22c. DATE SIGNED <u>2-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
23d. LOCATION (City, town, or county) <u>California</u>		(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>	ADDRESS <u>California Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12 February 1959</u>	26. REGISTRAR'S SIGNATURE <u>R. O. Norris, M.D., M.P.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

EMERY 27-1967

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.