

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023821

STATE FILE NUMBER

FILED JUN 22 1958

Registration District No. 33.3

Primary Registration District No. 3074

Registrar's No. 104

300
-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Malden Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community		Length of stay in lb 4 1/2 hrs.	d. STREET ADDRESS Malden Air Base (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Donald Middle Anthony Last KNEISEL		4. DATE OF DEATH Month 6 Day 6 Year 59	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1936
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Pilot		10b. KIND OF BUSINESS OR INDUSTRY Air Force	11. BIRTHPLACE (City and state or country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Morgan E. Kneisel	
13b. MOTHER'S MAIDEN NAME Joan Wilkowski		14. NAME OF HUSBAND OR WIFE unmarried	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 27 Aug 1958 to now		16. SOCIAL SECURITY NO. 357-26-8969	17. INFORMANT Air Force Records--Malden Air Base Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Brain & Chest injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Injuries received in Car wreck. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Head on Collision 3 miles west of Moberly, Mo			
20c. TIME OF INJURY Hour 3:00 a.m. 6-6-59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60. west of Sikeston	20f. CITY, TOWN, OR LOCATION Sikeston COUNTY Stoddard STATE MO
21. I attended the deceased from Death occurred at 8:25 A.M. on 6-June-59 and last saw him alive on 6-June-59 in on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.B. Prognostors M.D.		22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 6-June-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-7-59	23c. NAME OF CEMETERY OR CREMATORY Unknown
23d. LOCATION (City, town, or county) Chicago, Ill.		(State)	
24. FUNERAL DIRECTOR Watkins & Sons		25. DATE RECD. BY LOCAL REG. June 7-1959	26. REGISTRAR'S SIGNATURE Max. Ellis Hunter
ADDRESS Dexter, Mo.			

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 March W. Thomas

Licensed Embalmer No. 4717

P. O. Address Pepton 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.