

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023842

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 24

300
-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bloomfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b yrs.	d. STREET ADDRESS (If outside, give location) 1030 --- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JENNIE Middle --- Last KNOWLES			4. DATE OF DEATH Month May Day 27 Year 1959
5. SEX F.	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1873
9. AGE (In years last birthday) 86		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Whitson Huskin	
13b. MOTHER'S MAIDEN NAME Martha Smith		14. NAME OF HUSBAND OR WIFE James E. Knowles, Dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. ---		16. SOCIAL SECURITY NO. None	17. INFORMANT Carl Knowles, Bloomfield, Missouri 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) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			20 years
DUE TO (c) chronic glomerulonephritis			4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 4560			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 --- Month, Day, Year a.m. --- p.m. ---			
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 Dec. 1955 to May 27, 1959 and last saw her alive on May 27, 1959 Death occurred at 6:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Comlew (Degree or title) M.D.		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 5-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 30-59	23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.	23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-10-59	26. REGISTRAR'S SIGNATURE Mrs. George L. Baker

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 Lulu Cooper # 3499, Student Embalmer No.

~~working under my personal supervision~~

Student
Signature of Student Embalmer

Signed Lulu B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.