MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-029836

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 2046 Registrar's No. 75

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California
Length of stay in 1b: 7 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Latham Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: California
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: G. Last: KNIERIM

4. DATE OF DEATH: Month: August Day: 22 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/7/11887
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Auctioneer
10b. KIND OF BUSINESS OR INDUSTRY: General Farming & Auctioneer
11. BIRTHPLACE (City and state or country): Jamestown, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry W. Knierim
13b. MOTHER'S MAIDEN NAME: Louisa Pennington
14. NAME OF HUSBAND OR WIFE: Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-38-2861
17. INFORMANT: Mrs. Ethel Knierim, California, Mo. 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): Cerebral Thrombosis — 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 — 9+ years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocarditis with Myocardial Degeneration.
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: California COUNTY: Moniteau STATE: Mo

21. I attended the deceased from 12-20-58, to 8-21-59 and last saw ~~her~~ him alive on 8-21-59.
Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R B Fulks MD
22b. ADDRESS: California, Mo
22c. DATE SIGNED: 8-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 24, 1959
23c. NAME OF CEMETERY OR CREMATORY: California City Cemetery
23d. LOCATION (City, town, or county) (State): California, Missouri

24. FUNERAL DIRECTOR: Hugh E. Williams ADDRESS: California, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 25, 1959
26. REGISTRAR'S SIGNATURE: D L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Russell C. Mc

Signature of Student Embalmer

Licensed Embalmer No. 480

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.