

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035746**

**FILED VS. OCT 19 1959**

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 20

MAILED

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MERAMEC STATE PARK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5637 A DEWEY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LEE</u> Last <u>KNIGHT</u>	4. DATE OF DEATH Month <u>OCT.</u> Day <u>3</u> Year <u>1959</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 29, 1938</u>	9. AGE (last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RESTURANT</u>	11. BIRTHPLACE (City and state or country) <u>GRANITE CITY, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JACK KNIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCIS LEHR</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1958</u>	16. SOCIAL SECURITY NO. <u>321-32-0380</u>	17. INFORMANT <u>NORMA BISCHOFF, ST. LOUIS, MO.</u> Address _____
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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>Basilar skull fracture and multiple embedded injuries</u>		INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <u>Subject drove out of road at high speed.</u>
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20c. TIME OF INJURY Hour <u>2:00</u> p.m. Month, Day, Year <u>OCT. 3, 1959</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HI-WAY 155 LOOP</u>	20f. CITY, TOWN, OR LOCATION <u>SULLIVAN</u>	COUNTY <u>FRANKLIN</u>	STATE <u>MO.</u>
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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.) <u>HI-WAY 155 LOOP</u>	20f. CITY, TOWN, OR LOCATION <u>SULLIVAN</u>	COUNTY <u>FRANKLIN</u>	STATE <u>MO.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Thomas A. Humphrey</u> (Degree or title)	22b. ADDRESS <u>1046 1/2</u>	22c. DATE SIGNED <u>10/6/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIVELY GROVE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>LIVELY GROVE, ILL.</u>
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24. FUNERAL DIRECTOR <u>L.H. HULL</u> ADDRESS <u>MARISSA, ILL.</u>	25. DATE RECD. BY LOCAL REG. <u>10-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6561 62275 01  
VS OCT 27 1959 SA

APR 8 1960

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 Thasman J. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, TN

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.