

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

**59-038836**

**FILED VS DEC 4 1959**

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5037

232

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Audrain</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salt River Township</b>		Length of stay in 1b		c. CITY OR TOWN <b>Mexico,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U.S. 54 &amp; Audrain D</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. 1</b>	
				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Edward-</b>	Middle <b>W</b>	Last <b>Knarr</b>	Month <b>Nov.</b>	Day <b>29</b>	Year <b>1959</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-10-05</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months <b>3</b>	Days <b>19</b>	Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Hudson, New York</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John August Knarr</b>	13b. MOTHER'S MAIDEN NAME <b>Christina May Green</b>	14. NAME OF HUSBAND OR WIFE <b>Lorene Knarr</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>493-34-2307</b>	17. INFORMANT Address <b>Mrs. Lorene Knarr Mexico, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		<b>immediate</b>
IMMEDIATE CAUSE (a) <b>Crushing injury of chest</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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

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.) <b>Automobile Accident</b>
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20c. TIME OF INJURY <b>6</b> p.m. <b>11 29 59</b>	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.) <b>Highway 54</b>	20f. CITY, TOWN, OR LOCATION <b>Audrain Co</b>	COUNTY <b></b>	STATE <b></b>
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21. I attended the deceased from <b>never</b> to <b>never</b> and last saw him alive on <b>6 P</b>	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William J. Cooper</b>	22b. ADDRESS <b>112 N Clark Mexico Mo</b>	22c. DATE SIGNED <b>12-1-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>	23d. LOCATION (City, town, or county) <b>Mexico, Missouri</b>	(State) <b></b>
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24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>	ADDRESS <b></b>	25. DATE RECD. BY LOCAL REG. <b>Dec-1-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1959

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Leo T. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mexico, M

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.