Dept. Health, Soc., & Welfare
Div. S. Public Health Service

V. S. 300
Rev. 1-57

FILED VS DEC 1 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-041378
STATE FILE NUMBER

Registration District No. 298 Primary Registration District No. 6023 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Ray County
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Knoxville Twp Polo R. Route — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At home — Length of stay in Hospital: 74 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ray
c. CITY OR TOWN: Knoxville Twsp Polo - Rural Route — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Ola Middle: Crowley Last: Knutter

4. DATE OF DEATH: Month: 11 Day: 11 Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 5-12-1885 **9. AGE** (In years last birthday): 74 IF UNDER 1 YEAR: Months: 5 Days: 30 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): Ray County, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Tom Crowley **13b. MOTHER'S MAIDEN NAME**: Mollie Morrow **14. NAME OF HUSBAND OR WIFE**: Clarence Knutter

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.**: — **17. INFORMANT**: Clarence Knutter Address: Polo, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 8 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): post influenza syndrome - senility 4200

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** COUNTY STATE

21. I attended the deceased from 1957, to Nov. 1959 and last saw him alive on Nov. 11, 1959
Death occurred at 7 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard Carter M.D. **22b. ADDRESS**: Hamilton, Mo **22c. DATE SIGNED**: Nov. 12, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 11-13-1959 **23c. NAME OF CEMETERY OR CREMATORY**: Zimmerman Cemetery **23d. LOCATION** (City, town, or county): Polo (State): Mo.

24. FUNERAL DIRECTOR: Alpaugh & Cowley **ADDRESS**: Polo, Mo. **25. DATE RECD. BY LOCAL REG.**: 11-24-1959 **26. REGISTRAR'S SIGNATURE**: Mabel Jackson
(Licensed Embalmer's Statement on Reverse Side)

2135

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 Erwin L. Howlett

Licensed Embalmer No. 4924

P. O. Address Polo, 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.