

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042095

FILED VS DEC 1 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar No. 311125

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		a. STATE Illinois, COUNTY Bond	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Mulberry Grove	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last KENNETH Neil Knebel			4. DATE OF DEATH Month Day Year NOVEMBER 29, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/25/1935	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ledger Clerk		10b. KIND OF BUSINESS OR INDUSTRY So. Western Elec.		11. BIRTHPLACE (City and state or country) Mulberry Grove, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Leo Knebel		13b. MOTHER'S MAIDEN NAME Irma Scarlett	
14. NAME OF HUSBAND OR WIFE Joan		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. 331-30-7468	
17. INFORMANT Address Joan Knebel, Mulberry Grove, Illinois.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tetralogy of Fallot		INTERVAL BETWEEN ONSET AND DEATH 23 years.
DUE TO (b) _____		
DUE TO (c) _____		

Paul J. Smith M.D.

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 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 a.m. p.m. Month, Day, Year	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 11/29/59 to 11/29/59 and last saw ^{her}him alive on 11/29/59

Death occurred at 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

Patient carefully followed by other clinics all of his life.

22a. SIGNATURE (Degree or title) Edward Masse M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 11/30/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-1-59	23c. NAME OF CEMETERY OR CREMATORY McInturff Cemetery		23d. LOCATION (City, town, or county) (State) Fayette County, Illinois.

24. FUNERAL DIRECTOR Ripperdan Funeral Home, Mulberry Grove, Ill.		25. DATE RECD. BY LOCAL REG. DEC 1 1959	26. REGISTRAR'S SIGNATURE Paul J. Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

