URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Thrandgill FILED VS NOV 30 1959

59-043090

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 107

ENDED

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Taney
c. CITY OR TOWN: Taneyville — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): Taneyville — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First NELLIE Middle JANE Last HUFF KNIGHT

4. DATE OF DEATH: Month Nov. Day 18, Year 1959

5. SEX: female
6. COLOR OR RACE: white
7. Married # ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 4, 1886
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 11 Days 14 — IF UNDER 24 HR: 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: housekeeping
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Huff
13b. MOTHER'S MAIDEN NAME: Elsie Clay
14. NAME OF HUSBAND OR WIFE: Samuel Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Samuel Knight — Address: Taneyville, Mo

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ruptured Cerebral Vessel
DUE TO (c): Generalized Osteoiderosis — yrs.

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. ☐ 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 — COUNTY — STATE

21. I attended the deceased from Nov 15th 1959, to Nov 18th and last saw her/him alive on Nov 18th 1959
Death occurred at 11:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: Forsyth, Mo — 22c. DATE SIGNED: 11/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-20-1959
23c. NAME OF CEMETERY OR CREMATORY: Dickens Cemetery
23d. LOCATION (City, town, or county) (State): Dickens, Mo

24. FUNERAL DIRECTOR — ADDRESS: Forsyth Funeral Home, Forsyth, Mo
25. DATE RECD. BY LOCAL REG.: 11-24-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

**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. 4731

working under my personal supervision.

Student _____ Signed Walter S. Cobb

Signature of Student Embalmer

Licensed Embalmer No. 473

P.O. Address Brand

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