

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 2 1960 316

-60-003060

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 27

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington-rural		Length of stay in 1b 3 days		c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 300E. Line LaMotte Ave.			
3. NAME OF DECEASED (Type or print) First William Middle Anson Last Knowles				4. DATE OF DEATH Month January Day 24, Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-1-1874		
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months — Days —		IF UNDER 24 HR Hours — Min. —				
10a. USUAL OCCUPATION (Give kind of work done) Farmer headliner Retired			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Madison County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME B.C. Knowles			13b. MOTHER'S MAIDEN NAME Frances Tinnin			14. NAME OF HUSBAND OR WIFE Dora (deceased)		
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. None		17. INFORMANT Orval Watts - Flat River, 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) Squamous Cell Cancer of mouth							INTERVAL BETWEEN ONSET AND DEATH months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility								
DUE TO (c) Senility								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					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 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.) Senility				
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 Jan 23, 1960 to Jan 24, 1960 and last saw him alive on Jan 23, 1960 Death occurred at 2:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R. O. Huckstep (Degree or title) M.D.				22b. ADDRESS Farmington, MO.			22c. DATE SIGNED 1/25/60	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE Jan. 26, 1960		23c. NAME OF CEMETERY OR CREMATORY Rhodes' Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. FUNERAL DIRECTOR St. Adamson			ADDRESS Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 26, 1960		26. REGISTRAR'S SIGNATURE Ether Rudloff	

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Adamson

Licensed Embalmer No. 4351

P. O. Address FREDERICK

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.