URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-009978

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 398

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 321 East Missouri Ave. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 321 East Missouri Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MINNIE Middle M. Last KNAPP

4. DATE OF DEATH Month March Day 30, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-21-1900
9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months Days — 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 At Home
11. BIRTHPLACE (City and state or country) Kingston, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elmer Thrasher
13b. MOTHER'S MAIDEN NAME Virginia Parker
14. NAME OF HUSBAND OR WIFE Frank K. Knapp

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 Frank K. Knapp Address 321 E. Mo. Ave. City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	Few Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Arteriosclerotic cardio-vascular disease c̄ coronary disease	?
DUE TO (c)	Diverticulitis of colon	?

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 Oct 7, 1957, to March 30, 1960 and last saw her/him alive on 3-22-60
Death occurred at 5:00 P.M. 3-30-60 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm B Roatman
22b. ADDRESS 316 No 10th St Joseph Mo
22c. DATE SIGNED 4-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-2-60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR H.O. Sidenfaden & Son RLY. ADDRESS St Joseph, Mo.
25. DATE RECD. BY LOCAL REG. April 2, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Wm B Roatman

APR 26 1960

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_____ Signed Robert L Yaple

Signature of Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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