URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010075
STATE FILE NUMBER

XC-1213871 REG.NO. 43-2271
Registration District No. ____ Primary Registration District No. 3007 Registrar's No. 180

NDED FILED VS APR 4 1960

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: WAYNE
c. CITY OR TOWN: PIEDMONT — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 442 WALNUT STREET — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PAUL Middle COLLINS Last KNIGHT
4. DATE OF DEATH: Month MARCH Day 16, Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/4/92
9. AGE (last birthday): 68 — 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): PARTS MANAGER
10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOTIVE PARTS
11. BIRTHPLACE (City and state or country): KANSAS CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: THOMAS A. KNIGHT
13b. MOTHER'S MAIDEN NAME: ANNA BENNETT
14. NAME OF HUSBAND OR WIFE: ANN KNIGHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 488-01-8663 ~~UNKNOWN~~
17. INFORMANT: WIFE — Address: ANN KNIGHT, 442 WALNUT ST., PIEDMONT, 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): ACUTE MYOCARDIAL INFARCTION. — 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. — Sev. 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)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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. VA attended the deceased from March 16, 1960, to March 16, 1960 ~~and last saw her/him alive on~~
Death occurred at 10:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen — ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 3/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-21-60
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR — ADDRESS: William Cooper Piedmont Mo
25. DATE RECD. BY LOCAL REG.: 3/24/60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 5 1980

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 Coder Funeral Home, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address

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.