URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010158

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jasper — Length of stay in 1b: 2 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Horse-Shoe Bend — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Camden
c. CITY OR TOWN: Jasper Township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Horse-Shoe Bend — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Eugene Middle: Clark Last: Knapp

4. DATE OF DEATH: Month 3 Day 26 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-2-1919
9. AGE (last birthday): 40
IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Cole County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Walter Knapp
13b. MOTHER'S MAIDEN NAME: Josie Bullard
14. NAME OF HUSBAND OR WIFE: Ann Knapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs Hershel Matthew, Floris Iowa

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a): Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carbon Monoxide poisoning
DUE TO (c): Accidental. Leaky muffler on car

INTERVAL BETWEEN ONSET AND DEATH

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack Stotler (Degree or title): Sheriff. A. C.
22b. ADDRESS: Camdenton, Missouri
22c. DATE SIGNED: 3-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-31-1960
23c. NAME OF CEMETERY OR CREMATORY: 1.00F. Cemetery
23d. LOCATION (City, town, or county) (State): Bloomfield Iowa.

24. FUNERAL DIRECTOR: Reed Funeral Home, Camdenton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Mar. 27-1960
26. REGISTRAR'S SIGNATURE: Zilpha I Trow

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 19

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_____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3743

P. O. Address Camden

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.