Dept. Health, Edu., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED VS JUN 13 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

=60=018183

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY: Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Knox
b. CITY OR TOWN: Kirksville — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Edina — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Grim-Smith — Length of stay in Hospital: 1 da.	d. STREET ADDRESS (If outside, give location): 7 mi. N. E. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First John Middle Fred Last Knapp

4. DATE OF DEATH: Month 5 Day 21 Year 1960

5. SEX: M 6. COLOR OR RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 26, 1899 9. AGE (In years last birthday): 60 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 11. BIRTHPLACE (City and state or country): Knox County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph C. Knapp 13b. MOTHER'S MAIDEN NAME: Mary Herr 14. NAME OF HUSBAND OR WIFE: Clare (Thompson) 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.: 487-01-8381 17. INFORMANT: Mrs. Clare Knapp Address: Edina, Mo.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cholecystitis & Hepatitis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 9.18.59, to 5.21.60 and last saw her/him alive on 5.21.60. Death occurred at 1:35 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Milton T. Engline M.D. 22b. ADDRESS: Kirksville, Mo. 22c. DATE SIGNED: 5.23.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: 5-24-1960 23c. NAME OF CEMETERY OR CREMATORY: St. Joseph's (New) 23d. LOCATION (City, town, or county) (State): Edina, Mo.

24. FUNERAL DIRECTOR: Kriegshauser Bros. ADDRESS: Edina, Mo. 25. DATE RECD. BY LOCAL REG.: 6-4-1960 26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS JUN 13 1960

Milton T. English, M.D.

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, Mo.

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.