

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-019916

FILED VS MAY 31 1960

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GROVER TOWNSHIP</u>		Length of stay in lb <u>Lifetime</u>		c. CITY OR TOWN <u>Knob Noster R.F.D.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home N.E. Knobnoster,</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>W.</u> Last <u>KNAUS</u>				4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-26-1872</u>		9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Benjamin P. Knaus</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wampler</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Emig Knaus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Miss Olive Knaus, Knob Noster, Missouri</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Valvular Disease?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renile Sementis</u>							PART III. if deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>					
20c. TIME OF INJURY Hour <u>✓</u> a.m. <u>✓</u> p.m. <u>✓</u> Month, Day, Year <u>✓</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION <u>Knob Noster, Johnson, Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>march 1-1960</u> to <u>May 25, 1960</u> and last saw him alive on <u>May 25, 1960</u> Death occurred at <u>9:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>G.W. Groves</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Knob Noster, Missouri</u>			22c. DATE SIGNED <u>5-26-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-28-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wampler Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Johnson County, Missouri</u>			
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>May 27-60</u>		26. REGISTRAR'S SIGNATURE <u>Emma L. Beatty</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

