

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 23 1960

=60-023549

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 131

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>                         |  | Length of stay in 1b <u>58 yrs</u>  | c. CITY OR TOWN <u>Carthage</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>McCune-Brooks hospital</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>1508 S. Garrison</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                               |   |  |                                  |  |  |
|--|-------------------------------|---|--|----------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>SIDNEY</u> Middle <u>KNIGHT</u> Last <u>KNIGHT</u>                 |                               |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>15</u> Year <u>1960</u> |                                  |  |  |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-22-1883</u>                                    | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>insurance agent</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>insurance</u>  | 11. BIRTHPLACE (City and state or country) <u>Cornwall, England</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>                   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Samuel D. Knight</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ellen Luke</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mary S. Knight</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>495-36-3102A</u> |  | 17. INFORMANT Address <u>Carthage, Mo</u><br><u>Mrs. Mary S. Knight, 1508 Garrison</u> |  |

|  |            |   |
|--|------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cancer, Bronchial, Left, with Multiple Metastasis</u> |            | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo</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) |  | PART III. If deceased was female was there a pregnancy in last 90 days?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 May 30, 1960 to 6-15-60 and last saw her/him alive on 6-15-60  
Death occurred at 10:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                 |
|--|--|---------------------------------|
| 22a. SIGNATURE <u>George H. Wood</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>1515 Hazel, Carthage, Mo</u> | 22c. DATE SIGNED <u>6-16-60</u> |
|--|--|---------------------------------|

|  |                          |   |   |
|--|--------------------------|---|---|
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>6-18-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u> |
|--|--------------------------|---|---|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR <u>KNELD MORTUARY</u> ADDRESS <u>Carthage, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>6-18-60</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
|--|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[JUL 20 1960

JUL 23 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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