RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

-60-025617
STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6268 ~~[illegible]~~ Registrar's No. 28

NDED

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Niangua
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #2
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Webster
c. CITY OR TOWN Niangua
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Route #2
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle L. Last Knight
4. DATE OF DEATH Month June Day 27 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-8-1865
9. AGE (last birthday) 95
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Frank Letterman
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Hiram Knight, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Grace Thomas, Address Niangua, Missouri

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) MEDULLARY PARALYSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL THROMBOSIS
DUE TO (c) ARTERIOSCLEROSIS
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 1/20/60, to 6/27/60 and last saw her alive on 6/25/60
Death occurred at 3:30 h.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD.
22b. ADDRESS Mansfield Mo.
22c. DATE SIGNED 6/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-29-1960
23c. NAME OF CEMETERY OR CREMATORY Niangua Cemetery
23d. LOCATION (City, town, or county) Niangua, (State) Missouri

24. FUNERAL DIRECTOR Rex Rainey, ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4568

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.