RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960 — Registration District No. 137 — Primary Registration District No. 3023 — Registrar's No. 191

-60-026625 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 23 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 500 S. third street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Henry
c. CITY OR TOWN: Clinton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 500 S. Third Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FAYE — Middle JOHNSON — Last KNOLES

4. DATE OF DEATH: Month July — Day 31, — Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/25/77

9. AGE (last birthday): 82 — 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): At home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Indiana

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: A.N. Johnson

13b. MOTHER'S MAIDEN NAME: Eunice Smith

14. NAME OF HUSBAND OR WIFE: Clyde Knoles(Deceased)

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.: None

17. INFORMANT Address: Mrs Buleah McFarland, Clinton, 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years
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): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ N. ☐ 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 1-30-46 to 7-31-60 and last saw her/him alive on 7-29-60
Death occurred at 7.40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.B. Hughes, MD.

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 8/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 2, 1960

23c. NAME OF CEMETERY OR CREMATORY: Englewood

23d. LOCATION (City, town, or county) (State): Clinton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Consalus Clinton, Missouri

25. DATE RECD. BY LOCAL REG.: Aug. 2, 1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eugene R. Conrad

Licensed Embalmer No. 468

P. O. Address Clinton,

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