

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027353

FILED VS JUL 28 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 355 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin, Mo.		Length of stay in 1b 5 Weeks	c. CITY OR TOWN Shelby, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Freeman Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen. Delivery Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Walter Middle Vincent Last Knight			4. DATE OF DEATH Month July Day 22, Year 1960	
---	--	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/1912	9. AGE (last birthday) 48	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABOR	11. BIRTHPLACE (City and state or country) Shelby, NEB.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	--

13a. FATHER'S NAME Percy L. Knight	13b. MOTHER'S MAIDEN NAME Mary E. Bahr	14. NAME OF HUSBAND OR WIFE ----
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 507-26-7707	17. INFORMANT MOTHER-Address Mary E. Knight, Shelby, Neb.
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) status Epilepticus fatal		INTERVAL BETWEEN ONSET AND DEATH Less than 5 min
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) Was a known epileptic prior	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input 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. 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 Shelby COUNTY Polk STATE Nebraska
--	--	--	--

21. I attended the deceased from shelby was called and last saw her him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) Wendell Lee Corns, Joplin County Med Arts Bldg Joplin Mo.	22b. ADDRESS	22c. DATE SIGNED 7/22/60
--	--------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 23/1960	23c. NAME OF CEMETERY OR CREMATORY Shelby Cemetery,	23d. LOCATION (City, town, or county) Shelby, Neb.
---	----------------------------------	---	--

24. FUNERAL DIRECTOR Steve Parker Mortuary Joplin Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-23-1960	26. REGISTRAR'S SIGNATURE Dove Merriam
---	---------	--	--

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Harvey E. Amie

Licensed Embalmer No. 4463

P. O. Address Joplin, 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.