

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027539**

**FILED VS JUL 20 1960**

Registration District No. 180 179 Primary Registration District No. 5672 Registrar's No. 93

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Burr Oak Township</b>		Length of stay in lb minutes <b>minutes</b>		c. CITY OR TOWN <b>Foley</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hiway #79 -2 mi. so. of Foley</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>RFD</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>JEAN</b> Last <b>KNOX</b>				4. DATE OF DEATH <b>July 9, 1960</b> Month <b>July</b> Day <b>9</b> Year <b>1960</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/27/26</b>	9. AGE (last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Annada, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Homer Reed</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie Gray</b>			14. NAME OF HUSBAND OR WIFE <b>Woodrow Knox</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT Address <b>Woodrow Knox, Foley, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Basal Skull Fracture, Broken Neck.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Automobile Accident</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Car in which she was riding collided with</b>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>another car 2 mi. South of Foley, Missouri.</b>								
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.) <b>Hiway #79</b>		20f. CITY, TOWN, OR LOCATION <b>Burr Oak Twp. Lincoln Co. Mo.</b>				
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <b>XX 9:10 PM</b> _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
21. SIGNATURE (Degree or title) <b>Joseph J. Marsh</b> <b>CORONER</b>				22b. ADDRESS <b>Troy, Missouri.</b>			22c. DATE SIGNED <b>7/10/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 13, 1960</b>	23c. NAME OF CEMETERY <b>Star Hope</b>		23d. LOCATION (City, town, or county) (State) <b>RFD - Elsberry, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Ricks Funeral Home Elsberry, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Hurstardwick m</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 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 me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. J. Salouk*

Licensed Embalmer No. 4017

P. O. Address Elsherry, 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.