

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-035683

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	Length of stay in lb 30 years	c. CITY OR TOWN Sedalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1500 South Missouri	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1500 South Missouri	Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle JAMES Last KNIGHT			4. DATE OF DEATH Month Sept. Day 17 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/03	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach foreman	10b. KIND OF BUSINESS OR INDUSTRY Railroad Shops	11. BIRTHPLACE (City and state or country) Sulphur Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William B. Knight	13b. MOTHER'S MAIDEN NAME Essie McArthur	14. NAME OF HUSBAND OR WIFE Zoe E. Wilson Knight
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. *****	17. INFORMANT Mrs. Zoe Knight, 1500 S. Missouri Sedalia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Immediate
IMMEDIATE CAUSE (a) Acute cardiac arrest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Coronary occlusion	8 years	
DUE TO (c) Atherosclerosis	8 years.	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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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
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21. I attended the deceased from **Sep. 10, 1960** to **Sep 17, 1960** and last saw her alive on **18 Sep - 1960**
Death occurred at **1A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel R. Edwards MD (Degree or title)	22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 9-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Sedalia, Missouri (State)
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24. GENERAL DIRECTOR Thane Ewing ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 9-21-1960	26. REGISTRAR'S SIGNATURE Frances Shelby
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 21 1962

SEP 27 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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.