

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 16

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>PuTNAM 0860</u>		2. USUAL RESIDENCE (Where deceased lived. If inscription: Residence before death) a. STATE <u>Mo</u> b. COUNTY <u>PuTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POWERSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>POWERSVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TOWN 76</u>		Length of stay in lb <u>25y.</u>	d. STREET ADDRESS (If outside, give location) <u>TOWN 08602</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JESSE. EVERETT KNIGHT</u>			4. DATE OF DEATH Month Day Year <u>MAR 17-61</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-18-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>75</u>
11. BIRTHPLACE (City and state or country) <u>PuTNAM Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Euphym Knight</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH Sundesky</u>	
14. NAME OF HUSBAND OR WIFE <u>MARETA KNIGHT</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MARETA KNIGHT POWERSVILLE, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>420.1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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
21. I attended the deceased from <u>1954</u> to <u>MARCH 18 61</u> and last saw ^{him} alive on <u>aug 17 60</u> Death occurred at <u>6-PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. R. Ingraham M.D.</u>		22b. ADDRESS <u>SEVERAL SQUARE</u>	22c. DATE SIGNED <u>3 19 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>3-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE</u>	23d. LOCATION (City, town, or county) (State) <u>POWERSVILLE MO</u>
24. FUNERAL DIRECTOR <u>FO. HUSTED & SON - UNIONVILLE MO</u>		25. DATE RECD. BY LOCAL REG. <u>3-31-61</u>	26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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APR 7 1961

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 *Murl B. Husted*

Licensed Embalmer No. *3304*

P. O. Address *Amorville, 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.

by me,

comply