ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-018338
STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 43

FILED MAY 16 1961

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker — Length of stay in 1b 48 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lathan Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 300 N East St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ida Middle Felicia Last McKnight
4. DATE OF DEATH Month May Day 12 Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/9/70
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Linn, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Felix Melin
13b. MOTHER'S MAIDEN NAME Marie Dubronillet
14. NAME OF HUSBAND OR WIFE 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.
17. INFORMANT Address Grace C Dwyer California Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Exhaustion — INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-vascular Disease — 3 years
DUE TO (c) Arterio-Sclerosis & hypertension — 15 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Repeated small strokes & cerebral damage

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ 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 April 27 61, to May 12 61 and last saw her alive on May 12 1961.
Death occurred at 9/30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar A. Kibbe M.D.
22b. ADDRESS California Mo
22c. DATE SIGNED 5/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/15/61
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) (State) California, Mo

24. FUNERAL DIRECTOR ADDRESS Bowlin Funeral Home-California, Mo
25. DATE RECD. BY LOCAL REG. 5-13-61
26. REGISTRAR'S SIGNATURE Helen L. Papejay

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

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 John R. Bowlin, Student Embalmer No. 614 working under my personal supervision.

Student John R. Bowlin
Signature of Student Embalmer

Signed Jack H Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.