

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020759
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 196

FILED JUL 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cole County	b. COUNTY Cole	a. STATE Missouri	b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Missouri	Length of stay in 1b	c. CITY OR TOWN Jefferson City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1503 Monroe St.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1503 Monroe St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First James	Middle Henry	Last Knott	Month July	Day 1	Year 1961
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 April 2 1888	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Custodian of school	11. BIRTHPLACE (City and state or country) Lawrence County	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph H. Knott		13b. MOTHER'S MAIDEN NAME Alitha Hendricks	14. NAME OF HUSBAND OR WIFE Lora B. Wilks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Address Mrs Lora B. Knott, 1503 Monroe St. Mo.		

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 6-8 mos.
IMMEDIATE CAUSE (a) arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (b), 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)		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.)	
20c. TIME OF INJURY Hour a.m. p.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	COUNTY	STATE
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21. I attended the deceased from 6-6-61 to 7-1-61 and last saw ^{her}him alive on 6-6-61
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. L. Lloyd (Degree or title)	22b. ADDRESS Jeff City, Mo	22c. DATE SIGNED 7-3-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Hawthorne Memorial	23d. LOCATION (City, town, or county) (State) Jefferson City, Cole Co. Mo.
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24. FUNERAL DIRECTOR Tanner Funeral Home, 700 Jefferson St.	25. DATE RECD. BY LOCAL REG. 3 July 1961	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. - Richter Reg
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Jefferson City, Mo. (Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1961

APR 20 1962

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 Omec L. Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mead

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.