

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038174  
STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 48

FILED NOV 1 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Length of stay in 1b <u>26 mo</u>		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT M. Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>FRANKLIN</u> Last <u>Knowles</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1961</u>												
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-17-70</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HR Hours <u>11</u> Min. <u></u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED COAL DEALER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Washington Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>									
13a. FATHER'S NAME <u>ELIJAH Knowles</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE TAYLOR</u>			14. NAME OF HUSBAND OR WIFE										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Russel Knowles</u> Address <u>Appleton City 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>ARTERIOSCLEROTIC HEART DISEASE CHRONIC</u>							INTERVAL BETWEEN ONSET AND DEATH <u>CHRONIC</u>									
Conditions, if any, which gave rise to above cause (a), 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) <u>ACUTE GASTROENTERITIS</u>							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 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.) <u>-</u>												
20c. TIME OF INJURY Hour <u>1:25</u> Month <u>Nov</u> Day <u>1954</u> Year <u>1954</u> a.m. <u></u> p.m. <u></u>			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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY <u>-</u>		STATE <u>-</u>	
21. I attended the deceased from <u>Nov 1954</u> to <u>Oct. 28 1961</u> and last saw him alive on <u>Oct 28 1961</u> Death occurred at <u>1:25 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) <u>Robert H. Braunshagen MD</u>				22b. ADDRESS <u>Appleton City, Mo.</u>				22c. DATE SIGNED <u>Oct 30 1961</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-31-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>										
24. FUNERAL DIRECTOR <u>Oran Eckhoff</u>				ADDRESS <u>Appleton City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 31 1961</u>		26. REGISTRAR'S SIGNATURE <u>Chas Abney</u>								

**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 Urcan Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City,

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.