

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047771

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 7

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JAN 23 1962

1. PLACE OF DEATH
 a. COUNTY Ripley.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan, Route 1. Length of stay in lb 7 years.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles S. of Doniphan. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri. b. COUNTY Ripley.
 c. CITY OR TOWN Doniphan, Route 1. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2 Mi. S. of Doniphan. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Donald Fassett Knight.
 4. DATE OF DEATH Month Day Year
December 31, 1961.

5. SEX Male. 6. COLOR OR RACE White. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Dec. 20, 1902. 9. AGE (last birthday) 59. IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

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

13a. FATHER'S NAME Clarence Knight. 13b. MOTHER'S MAIDEN NAME Salina V. Flint. 14. NAME OF HUSBAND OR WIFE Martha Knight.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) yes. 12/26/22 to 12/23/26. 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Martha Knight, Doniphan, Mo. Rt. 1 Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary embolus. INTERVAL BETWEEN ONSET AND DEATH 5 months.
 DUE TO (b) generalized atherosclerosis. 3 year.
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis.
 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 Month, Day, Year
 a.m. p.m.

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 June 1953 to December 31, 61 and last saw him alive on 12/15/61.
 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank C. Johnson, M.D. 22b. ADDRESS Doniphan, Mo. 22c. DATE SIGNED 1/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL. 23b. DATE JAN. 4, 1962 23c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEMETERY. 23d. LOCATION (City, town, or county) (State) DONIPHAN, MISSOURI.

24. FUNERAL DIRECTOR Ray Means, Doniphan, Mo. 1-19-62 25. DATE RECD. BY LOCAL REG. _____ 26. REGISTRAR'S SIGNATURE Flava Broz

MAR 14 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

Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.