

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-00-2463

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 38

FILED FEB 5 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Laclede</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Laclede</u>	admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>	Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Lebanon</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Louise G. Wallace</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Brice Route</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Levi</u>	Middle <u>Elessee</u>	Last <u>Knight</u>	Month <u>Jan. 25,</u>	Day <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>5-26-65</u>	9. AGE (last birthday) <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Eldridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
13a. FATHER'S NAME <u>Jonathan Knight</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Waterman</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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 Address <u>Mrs. Garley Rogers, Lebanon, Mo</u>	

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
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		<u>drugged</u>
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>The Convalescent - Was in hosp.</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 checked="" 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

21. I attended the deceased from Feb. 11, 1938 to Jan. 25, 1962 and last saw him alive on Jan. 25, 1962
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Paula Jenkins MD</u>	22b. ADDRESS <u>Knight Bldg. Lebanon, Mo.</u>	22c. DATE SIGNED <u>1-29-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-27-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bolles Cemetery</u>
23d. LOCATION (City, town, or county) <u>Lebanon, Laclede Co., Mo.</u>		

24. FUNERAL DIRECTOR <u>J. J. Shadel</u>	ADDRESS <u>Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-30-1962</u>	26. REGISTRAR'S SIGNATURE <u>Hilla S. Gray</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE TUB AMENDED DATE AMENDED ITEM NO. SHOULD READ BY AFFIDAVIT OF AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that _____ 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 _____
of Student Embalmer

Signed _____

Brie M. Abbott

Licensed Embalmer No. _____

5115

P. O. Address _____

Springfield, 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.