

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030029

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 470

FILED AUG 27 1962						
1. PLACE OF DEATH a. COUNTY Boone b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in lb 17 days c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau c. CITY OR TOWN Tipton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Box 211 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Charles Joseph Knipp	4. DATE OF DEATH Month Day Year 8 20 '62					
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 3-12-98	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Un Employed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cooper, County Mo, U.S.A.	12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME Charles Knipp	13b. MOTHER'S MAIDEN NAME Matilda Kline	14. NAME OF HUSBAND OR WIFE Clara Knipp				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. UN KNOWN	17. INFORMANT Address Mrs. Clara Knipp, Tipton, 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) RESPIRATORY ARREST. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY CONGESTION & HEMORRAGE HEPATIC DUE TO (c) CIRRHOSIS WITH BLEEDING TENDENCY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DUODENAL ULCER, BLEEDING FROM LIVER FAILURE,					INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 1-2 days INDETERMINATE	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 certificate)			
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 Aug 3, 1962 to Aug 20, 1962 and he/she was alive on Aug 20, 1962 Death occurred at 9:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) John M. Laird, M.D.		22b. ADDRESS M.H. Medical Center		22c. DATE SIGNED 8-20-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed & Burial Aug. 22, 1962		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY St. Andrew's Catholic		23d. LOCATION (City, town, or county) (State) Tipton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Richard D. Conn - Tipton, Mo.		25. DATE RECD. BY LOCAL REG. Aug 20 1962		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300 Rev. 4/59
 10109
 20680
 3
 4 0
 5 1
 6
 7 0
 8 1
 95810
 10
 11
 122-0
 133-0

AUG 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 Richard D. Connor

Licensed Embalmer No. 4703

P. O. Address Jupiter, 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.