

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031941

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 147

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10786

20780

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94200

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1290-0

13-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAYTI T.W.P.</u>		Length of stay in 1b <u>18 yrs</u>	c. CITY OR TOWN <u>HAYTI</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTH HEIGHTS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>R2 BOX 306</u>
3. NAME OF DECEASED (Type or print) First <u>SAM</u> Middle <u>KNIGHTEN</u> Last <u>KNIGHTEN</u>		4. DATE OF DEATH <u>8-14-62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>LOUISIANA</u>
13a. FATHER'S NAME <u>CARRIE KNIGHTEN</u>		14. NAME OF HUSBAND OR WIFE <u>SUSIE KNIGHTEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		17. INFORMANT <u>SUSIE KNIGHTEN, HAYTI, MO</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>7:11</u> a.m. <u>P.M.</u> Month, Day, Year <u>8/10/62</u>		20f. CITY, TOWN, OR LOCATION <u>HAYTI</u> COUNTY <u>PEMISCOT</u> STATE <u>MO</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>Morgan Ridge</u>	
21. I attended the deceased from <u>4/6/60</u> to <u>8/10/62</u> and last saw her/him alive on <u>8/10/62</u>		22. DATE SIGNED <u>8/15/62</u>	
22a. SIGNATURE (Degree or title) <u>William D. Bryant, M.D.</u>		22b. ADDRESS <u>Hayti, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-19-62</u>	
24. FUNERAL DIRECTOR <u>JOHN W. GERMAN, HAYTI, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-62</u>	
26. REG. STRA. SIGNATURE <u>Charlotte E. Sloan</u>		27. LOCATION (City, town, or county) <u>Hayti, Mo.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 John W. German

Licensed Embalmer No. 4355

P. O. Address AA7TL, 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.