

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039338

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5654 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0550
2 0550

3
4 0
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9 199.2

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12 90-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Lincoln Native Length of stay in 1b Native
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Miller Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bert Middle Elmer Last Knight
4. DATE OF DEATH Month 10 Day 11 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-10-1894 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HR Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Greene Co. Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME A.C. Knight 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Ferlic Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) YPS 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ferlic Knight Miller Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) medullary Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 8-7-1958 to 10-11-1962 and last saw him alive on 10-11-62
Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Baker D.O. 22b. ADDRESS Miller, Mo. 22c. DATE SIGNED 10-12-62

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial 23b. DATE 10-15-1962 23c. NAME OF CEMETERY OR CREMATORY Misemer 23d. LOCATION (City, town, or county) (State) E of Miller Mo.

24. FUNERAL DIRECTOR Maxima - Senior Miller Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 10-13-62 26. REGISTRAR'S SIGNATURE W. S. Burroughs

USE BLACK INK OR TYPEWRITER RIBBON

OCT 30 1962

DEC 13 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 E. P. Feiman

Licensed Embalmer No. 3297

P. O. Address Miller Ma

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.