

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045975

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042

FILED JAN 7 1963

Primary Registration District No. 1000

1000

Registrar's No. 1475

1475

STATE FILE NUMBER

VS 300
Rev. 4/59

5117
20440

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94200

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123-0

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DATE AMENDED
1/31/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
4/21/1904 & 58

ITEM NO. SHOULD READ
8 & 9 4/21/1914 & 48

DOCUMENT Forest City Lodge Record

BY AFFIDAVIT OF Informant
C.A. Potter, Jr. Medical Certification

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 2 days	c. CITY OR TOWN Oregon, Missouri
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Oregon, Missouri
3. NAME OF DECEASED (Type or print) First GEORGE Middle RUBIN Last KNAPP		4. DATE OF DEATH Month December Day 21 Year 1962	9. AGE (last birthday) 58 48
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 4/21/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Atchison Co., Missouri
13a. FATHER'S NAME BEECHER KNAPP		13b. MOTHER'S MAIDEN NAME JENNIE BRADLEY	14. NAME OF HUSBAND OR WIFE Izyel Elizabeth Knapp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. George Knapp, Oregon, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Distention DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure, Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH Days Weeks ?
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 item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 10/29/62 to 12/21/62 and last saw her/him alive on 12/21/62 Death occurred at 10:00 p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carol A. Potter, M.D.		22b. ADDRESS Physicians & Surgeons Bldg., St. Joseph, Mo.,	22c. DATE SIGNED 1/2/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/62	23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery	23d. LOCATION (City, town, or county) (State) Oregon, Missouri
24. FUNERAL DIRECTOR James H. Pettigrew		25. DATE RECD. BY LOCAL REG. Jan. 3, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell

USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 1963

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 James H Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.

Vertical text on the right edge of the page, likely a stamp or reference number.