

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0046291

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 124 Primary Registration District No. 3035 Registrar's No. 89

FILED DEC 2 1966

1. PLACE OF DEATH

a. COUNTY Lafayetteb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN LexingtonLength of stay in 1b
10 minutesc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Lexington Memorial HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lafayettec. CITY
OR
TOWN LexingtonInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
76 Park PlazaReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Elmer A. Knapheide4. DATE OF DEATH
Month Day Year
November 14 1966

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
December 22 19229. AGE (last birthday)
43IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman10b. KIND OF BUSINESS OR INDUSTRY
Arsenal11. BIRTHPLACE (City and state or country)
Lexington, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Knapheide

13b. MOTHER'S MAIDEN NAME

Minnie Leuhrman

14. NAME OF HUSBAND OR WIFE

Frances M. Knapheide15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II16. SOCIAL SECURITY NO.
489-24-133717. INFORMANT
Address
Mrs. Frances Knapheide, Lexington, 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)

Natural causes - HemorrhageINTERVAL BETWEEN
ONSET AND DEATH
15-30 minutesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) from gastric ulcer??
severe chest pain shock &
considerable blood from mouth
DUE TO (c)PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Shock & hemorrhagePART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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 s.m. p.m.
Month, Day, Year20d. 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.)
at home20f. CITY, TOWN, OR LOCATION
COUNTY STATE21. I attended the deceased from after death to 11-14-66 and last saw him alive on never
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. Martin

(Degree or title)

Coroner

22b. ADDRESS

1015 S. Main

22c. DATE SIGNED

11-14-6623a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
11-17-6623c. NAME OF CEMETERY OR CREMATORY
Machpelah Cemetery23d. LOCATION (City, town, or county) (State)
Lexington Missouri

24. FUNERAL DIRECTOR

Vaughn-Walker

ADDRESS

Lexington, Missouri

25. DATE RECD. BY LOCAL REG.

11-14-66

26. REGISTRAR'S SIGNATURE

M. Martin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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BY AFFIDAVIT OF

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DEC 6 1966

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.