

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40798

State File No. ....

1302

FILED DEC 22 1951

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5133

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Buchanan <i>O/P</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural- Marion Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Marion Township <i>O/P</i>	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) R#1 Easton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 Easton, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Philip	b. (Middle)	c. (Last) Kneib	4. DATE OF DEATH (Month) (Day) (Year) December 18, 1951.
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1882.	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Philip Kneib	13b. MOTHER'S MAIDEN NAME Rosa Lee Pankau	14. NAME OF HUSBAND OR WIFE Josephine Kneib
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Kneib	ADDRESS R#1 Easton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. rest home
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis ✓		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to Dec, 1951, that I last saw the deceased alive on Dec, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Byrne</i> (Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED Dec 18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 22, 1951.	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Easton, Missouri.
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DATE REC'D BY LOCAL REG. Dec 19, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Costello</i> 446	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Muehlhofer</i>	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

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working under my personal supervision.

Student Embalmer No. ....\*\*\*\*

Signed.....\*\* \* \*\*\*\* \* \*\*\*\*  
Student Embalmer

Signed *Edward J. Downing* .....

Licensed Embalmer No. *3258* Missouri.

P. O. Address *St. Joseph, Missouri.*

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 this body is not embalmed, fact should be so stated above.