

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38440

State File No.

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 449

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Henry</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		6422
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>224 N Main St</u>			d. STREET ADDRESS (If rural, give location) <u>224 N Main St</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Harry</u>	b. (Middle)	c. (Last) <u>Knoles</u>	11	30	1952

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-3-1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work (excluding most of working life, even if retired)) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Namson Knoles</u>		13b. MOTHER'S MAIDEN NAME <u>Ide M Davis</u>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>702-03-9588</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Knoles</u> ADDRESS <u>Clinton Mo</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>						<u>INSTANT</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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					<u>3 MO</u>
	Conditions contributing to the death but not related to the disease or condition causing death.					<u>HYPERTENTION</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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)		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 SEPT., 1952, to NOV. 30, 1952, that I last saw the deceased alive on NOV. 30, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD.</u> (Degree or title)		23b. ADDRESS <u>106 S. 3rd Clinton, Mo</u>		23c. DATE SIGNED <u>1 Dec. 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>12-3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 3 52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair Sickman</u>	422 - 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dunning</u> ADDRESS <u>Clinton Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4570

P. O. Address Clinton MD

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.