

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42664**

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3025		Registrar's No. 274	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blauertown Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General				d. STREET ADDRESS (If rural, give location) RR # 1 0420			
3. NAME OF DECEASED (Type or Print) a. (First) Ralph			b. (Middle) -		c. (Last) Knoles		4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/14/1894		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 2 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Henry Co Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H E Knoles		13b. MOTHER'S MAIDEN NAME Ida May Davis		14. NAME OF HUSBAND OR WIFE Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Ralph Knoles ADDRESS Clinton			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH 10 MIN.	
	ANTECEDENT CAUSES 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from 12-11 , 1953, to 12-12 , 1953, that I last saw the deceased alive on 12-12 , 1953, and that death occurred at 11:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh B Walker, MD				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 14 Dec 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) General		24b. DATE 12-17-53	24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo		
DATE REC'D BY LOCAL REG. Dec-21-53		REGISTRAR'S SIGNATURE H. Davis		25. FUNERAL DIRECTOR'S SIGNATURE J E Consoles ADDRESS Clinton			

DEC 30 1912

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 J. E. Conrader
Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.