

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30496

State File No.

FILED SEP 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>277</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>26 Yrs.</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 E. Green St.</u>				e. STREET ADDRESS (If rural, give location) <u>406 E. Green St.</u> <u>04220</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>			b. (Middle) _____		c. (Last) <u>KNAUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>April 28, 1862</u>		9. AGE (In years last birthday) <u>94</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>23</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Eiler</u>			13b. MOTHER'S MAIDEN NAME <u>Martha J. Oglesby</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Glenn Knaus, Clinton, Mo. RFD.#4</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Debility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u> <u>2 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>491x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>Clinton Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____			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 <u>Jan</u> , 19 <u>26</u> , to <u>9-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>56</u> , and that death occurred at <u>7 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. Walker</u>				23b. ADDRESS <u>Clinton Mo</u>			23c. DATE SIGNED <u>9-22-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>			
DATE REC'D BY LOCAL REG <u>9-22-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wauson Fun. Home, Clinton, Mo.</u>				

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *H. A. Vansant*.....

Licensed Embalmer No. *3779*.....

P. O. Address *Clinton*.....

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.