

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026626

FILED VS AUG 8 1960

137

3023

192

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 15 days	c. CITY OR TOWN Clinton mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORPent Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 N 2nd St Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Margaret Elizabeth Knyon			4. DATE OF DEATH Month Day Year 8-5-1960			
5. SEX F	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/28/1874	9. AGE (last birthday) 89	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state and or country) Henry Co mo	12. CITIZEN OF WHAT COUNTRY usa		
13a. FATHER'S NAME Adam Pence		13b. MOTHER'S MAIDEN NAME Hannah		14. NAME OF HUSBAND OR WIFE Joseph S Knyon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Henry Knyon Address Columbia			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic ? Pneumonia 3 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic arteriosclerotic myocarditis 2 years.	
	DUE TO (c) Chronic Nephritis 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
Fracture left hip May 23, 1960		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) May 23, 1960
20c. TIME OF INJURY Hour _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **May 6, 1958** to **8/5/60** and last saw her **alive on 8/3/60**
 Death occurred at **1:05 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree title) Dr. R. S. Hellingma M.D.		22b. ADDRESS Clinton Missouri	22c. DATE SIGNED 8/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-1960	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) Clinton mo
24. FUNERAL DIRECTOR Consulus Clinton mo		25. DATE RECD. BY LOCAL REG. Aug. 6, 1960	26. REGISTRAR'S SIGNATURE Mildred Bigum

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Consoer

Licensed Embalmer No. 189

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.