SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-042602
STATE FILE NUMBER

AMENDED

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10592

FILED NOV 28 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Colorado b. COUNTY: Jefferson
c. CITY OR TOWN: Arvada
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6305 Janiceway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Myrtle Middle: Irene Last: Knowles
4. DATE OF DEATH: Month, Day, Year: November 6, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Seperated
8. DATE OF BIRTH: Mar 3, '93
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service
10b. KIND OF BUSINESS OR INDUSTRY: Army Finance
11. BIRTHPLACE (City and state or country): Bollinger County Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Jacob L. Wallis
13b. MOTHER'S MAIDEN NAME: Margaret E. Hawn
14. NAME OF HUSBAND OR WIFE: Robert L. Knowles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 492-32-1657
17. INFORMANT: Regina K. Walker Address: 6305 Janiceway Arvada, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mesenteric Thrombosis & Gangrene
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): of the Ileum, & Colon due to Arterio Sclerosis.
DUE TO (c): 450.1
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease, Cardiac Insuff., Auricular Fibrillation
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11/3/61 to 11/6/61 and last saw her alive on 11/5/61
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W. Ramey M.D.
22b. ADDRESS: 25a S. Florissant Ferguson Mo
22c. DATE SIGNED: 11/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Bollinger Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Baker Funeral Home Lutesville, Mo.
25. DATE RECD. BY LOCAL REG.: NOV 15 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.