

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024596

FILED VS JUL 20 1959 2

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4144 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Grove</u> Length of stay in lb <u>10 yrs</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN - HERMAN - KNIPKER</u>			4. DATE OF DEATH Month Day Year <u>July 16, 1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 11, 1885</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		
14. NAME OF HUSBAND OR WIFE <u>Florence Knipker</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. _____		
17. INFORMANT <u>Florence Knipker, Pilot Grove, Mo</u>		17. ADDRESS <u>Pilot Grove, Mo</u>		17. ADDRESS <u>Pilot Grove, Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive hemaplysis</u> DUE TO (b) <u>Brunelogenic curcunama</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>60 sec.</u> <u>approx 2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac Decompensation, capulmonary</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 7.10.59 to 7.16.59 and last saw him alive on 7.16.59
 Death occurred at 0930 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Jerman J. Fiedel MD</u>		22b. ADDRESS <u>Box 67 Pilot Grove, Mo</u>		22c. DATE SIGNED <u>7.17.59</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried July 19, 1959</u>		23b. DATE <u>July 19, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Monahan Ceme California Mo.</u>	
23d. LOCATION (City, town, or county) (State) <u>California Mo.</u>		24. FUNERAL DIRECTOR <u>Harry P. Hunter, Pilot Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7/17/59</u>	
26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert L. Da

Licensed Embalmer No. 406

P. O. Address Pitt Gro

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