

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8890

State File No. \_\_\_\_\_

FILED MAR 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau 068</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Walk 2 wks</u> c. LENGTH OF STAY (In this place) <u>2 wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau 068</u> c. CITY OR TOWN <u>Fortuna</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Edward</u> c. (Last) <u>KNIFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 20 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 3, 1870</u>			
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elton Missouri</u>			
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Freeman Knife</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Steel</u>			
14. NAME OF HUSBAND OR WIFE <u>Emogene Newkille</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emogene N. Knife</u> ADDRESS <u>California Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</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>3 hours.</u> <u>20 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
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>3-15</u> , 19 <u>55</u> , to <u>3-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>55</u> , and that death occurred at <u>4:45 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Looney M. Gallagher M.D.</u> (Degree or title)				23b. ADDRESS <u>California Mo.</u>		23c. DATE SIGNED <u>3-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fortuna Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/22/55</u>		REGISTRAR'S SIGNATURE <u>Nelest Pappas</u>		505-8		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E Williams</u> ADDRESS <u>California 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 *Hugh E. Williams*.....

Licensed Embalmer No. *353*.....

P. O. Address *California*.....

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.