

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37809

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3846 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u>	
c. LENGTH OF STAY (In this place) <u>55 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>KNORRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 1 - 1895</u>
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>7</u> DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>FRED W^m KNORRE</u>	
13b. MOTHER'S MAIDEN NAME <u>MINNIE BOECKAES</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War One</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Knogge</u> ADDRESS <u>California Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)		5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>to 3 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (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>Oct 13</u> , 19 <u>48</u> , to <u>Nov 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 13</u> , 19 <u>50</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. L. Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>11-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BOECKAES CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-18-50</u>		REGISTRAR'S SIGNATURE <u>H.K. Popgoy</u> 2020	
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

0681

RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-50

DEC 6

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Hugh E. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address *California Mo.*

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 this body is not embalmed, fact should be so stated above.