

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4257 Registrar's No. 25

510
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Lousa b. (Middle) Knous c. (Last) Allen			4. DATE OF DEATH Nov. 22, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 22, 1875		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME W. Y. Knous		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Maxwell		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. David Logan, Knob Noster, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) @ Bronchial Pneumonia		DUE TO (b) ?			7 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		@ Pyonephrosis left kidney 2 yrs			
		@ Chr. Valvular Disease 20 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		491X			

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)	
				1 Knob Noster, Johnson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR ✓	

22. I hereby certify that I attended the deceased from Nov 21, 1952 to Nov 22, 1952 that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. W. Knous M.D. (Degree or title)		23b. ADDRESS Knob Noster, Mo		23c. DATE SIGNED Nov 26 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Knob Noster, Cemetery	
				24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri	

DATE REC'D BY LOCAL REG. Nov 25-52		REGISTRAR'S SIGNATURE Corina L Beatty		25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker, Knob Noster, Mo.	
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DEC 17 1952

RECEIVED
NOV 28 1952
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knof Mester, 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.