

570  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5671 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Prairie twosp)</u> c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY OR TOWN <u>Truxton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile north of Truxton</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile north of Truxton</u> <u>0570</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phelix</u> b. (Middle) <u>Marion</u> c. (Last) <u>Knapp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 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>Aug. 12, 1901</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Hazel Stark Knapp</u>	
13a. FATHER'S NAME <u>William Knapp</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Edwards</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. <u>525-10-9893</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Knapp, Truxton, Mo.</u>		ADDRESS	
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, asthma, 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 DUE TO (b) <u>Coronary infarction</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Myocardio degeneration</u> <u>4201</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>9 hr.</u>		60 days	
5 yr.		15 yr.	
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)		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>Feb. 28, 1955</u> , to <u>July 9, 1955</u> , that I last saw the deceased alive on <u>July 9, 1955</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Edwan Arsdale M.D.</u> (Degree or title)		23b. ADDRESS <u>Montgomery City, Mo.</u>	
23c. DATE SIGNED <u>7-9-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Church Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Truxton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg &amp; Co.</u>	
25. ADDRESS <u>Warrenton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-16-55</u>	
REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> <u>162</u>			

JUL 28 1955

---

---

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 *John Thiburg*.....  
Licensed Embalmer No. *38*.....

P. O. Address *Warrenton*.....

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.