

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36905

State File No.

4995

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4995

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 28 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 420 East Armour		e. STREET ADDRESS 47 420 West Armour		d. In 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) Nell			b. (Middle) _____			c. (Last) Knox			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1955		
---	--	--	-------------------	--	--	-----------------------	--	--	---	--	--

5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 24, 1890		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Sylus T. Doggette			13b. MOTHER'S MAIDEN NAME Sadie E. Yates			14. NAME OF HUSBAND OR WIFE Clyde Knox (dec)		
---	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jeane Fiske, 3109 Pennsylvania, K.C. Mo.			
--	--	-------------------------------------	--	--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Fractured Femur MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last: L-4 Anom + Both Femurs DUE TO (c) _____ 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 9 1/2 hrs	
---	--	--	--	--	--	--	--	--	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION History of Insphalium				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------	--	---	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
21d. TIME (Month) (Day) (Year) (Hour) 11-16-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped from 5th floor window	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Hugh H. Owens (Degree or title) 3			23b. ADDRESS 1034 Oakwood Blvd			23c. DATE SIGNED 11-16-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-18-55		24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Baldwin, Kansas		

DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Und Co. Kans City, Mo.	
--	--	--	--	--	--

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

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 *J. S. Walton*.....

Licensed Embalmer No. *274*

P. O. Address *K. C. M.*

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.