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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37785

State File No. ....

FILED NOV 30 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5971</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Talk</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Talk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balvian</u>		c. LENGTH OF STAY (If this place) <u>17 yrs</u>		c. CITY OR TOWN <u>Balvian</u> <u>084</u>		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>3 1/2 mi. N.W. of Balvian</u>				• STREET ADDRESS (If rural, give location) <u>3 1/2 mi. N.W. of Balvian</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Watson</u> (Middle) <u>Partello</u> c. (Last) <u>Knights</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>May 12, 1869</u>	
9. AGE (In years, last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Balvian maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James P. Knights</u>		13b. MOTHER'S MAIDEN NAME <u>Nomi Gordon</u>		13c. NAME OF HUSBAND OR WIFE <u>Charities Knights</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth L. Carter</u> ADDRESS <u>Balvian 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>coronary atherosclerosis</u>				DUE TO (c) _____		5 yrs	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) _____		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>Aug 1946</u> , to <u>Nov 25, 1955</u> , that I last saw the deceased alive on <u>Nov 21, 1955</u> , and that death occurred at <u>9:30 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Barnett M.D.</u>				23b. ADDRESS <u>Balvian Mo</u>		23c. DATE SIGNED <u>11-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26-1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner Jewell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Blue</u>		ADDRESS <u>Balvian Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Oly Jester*.....

Licensed Embalmer No. *411*.....

P. O. Address *Bolivar*.....

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.