

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

Registration Office No. JM FILED 65-336 Primary Registration District No. 6128 Registrar's No. 274 STATE FILE NUMBER 0022404

VS 300
Rev. 4/59

1 1010
2 2179
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4 0
5 1
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7 0
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9 X
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11 101
12 91-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. # 19</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3966 Russell</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wilbur</u> Middle <u>Douglas</u> Last <u>Knuckles</u>			4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1965</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/26/38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly Line Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>26</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <u>Ellington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Walter Dow Knuckles</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Melba Knuckles</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>490-40-5616</u>		17. INFORMANT <u>Melba Knuckles</u> Address <u>Eminence, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FRACTURED SKULL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 MINUTE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>AUTO ACCIDENT</u>	
20c. TIME OF INJURY <u>1</u> Hour <u>5-23-65</u> Month, Day, Year a.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>EMINENCE SHANNON MO.</u>	
21. I attended the deceased from <u>ON MAY 23, 1965</u> and last saw <u>him</u> alive on <u>MAY 22, 1965</u> Death occurred at <u>1 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Denton Wilson, D.O. - CORONER</u>		22b. ADDRESS <u>Eminence, Mo.</u>	22c. DATE SIGNED <u>5-26-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/25/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knuckles Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Ellington, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Uncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 3, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Indie Rose</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 7 1966

APR 8 1966

JUN 8 1965

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

Charles D. Cartain

Licensed Embalmer No.

5107

P. O. Address

W. H. Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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