

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11747

FILED MAY 10 1949

State File No.

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>117</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>24 DA.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jornfelt</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) <u>HERBERT LEE KARRAKER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>AUG 10, 1891</u>			
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT HELPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		9. AGE (In years last birthday) <u>57</u> Months <u>8</u> Days <u>8</u>			
11. BIRTHPLACE (State or foreign country) <u>UNION COUNTY, ILLINOIS</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>WALTER KARRAKER</u>			13b. MOTHER'S MAIDEN NAME <u>SALLI OY (LAST NOT KNOWN)</u>			14. NAME OF HUSBAND OR WIFE _____			
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>NOT KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lindell Karraker</u> ADDRESS <u>Illmo, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized septicemia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteomyelitis</u>				6 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) <u>[Signature]</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>Benign osteolytic hyperostosis of tibia</u> <u>Osteomyelitis of bones of foot & tibia</u>						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>24 March, 1949</u> , to <u>18 April, 1949</u> , that I last saw the deceased alive on <u>18 April, 1949</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh V. Ashley, Jr. M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>				23c. DATE SIGNED <u>20 Apr 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Mem. Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-6-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Displius Hoff</u>		ADDRESS <u>Jornfelt Illmo, Mo.</u>			

RECEIVED

Health Officer No. 4

File Number 549-6

5-9-4

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.

Signed _____

Oliver P. Amick

Signed _____

Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.