

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3803

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 1406 Mill Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1406 Mill Street		d. STREET ADDRESS (If rural, give location) 1406 Mill Street	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) S. c. (Last) Karns			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1950		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 1, 1868		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Karns		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Inez Josephine Karns		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 Mrs. William S. Karns		ADDRESS Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Suddenly	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4221	
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) (Min.)		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 never did attend him, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 6:15 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. M. Arnold M.D.</u>		23b. ADDRESS <u>Lamar Missouri</u>		23c. DATE SIGNED <u>Feb 7 50</u>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>2/8/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>		DATE REC'D BY LOCAL REG. <u>FEB 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Child</u>		ADDRESS <u>Lamar Mo</u>			

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

RECEIVED FEB 14 1950

District Health Office No. 6,

District File Number 250-217

Date Filed 2-15-50

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 Clarence W. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. 2473

P. O. Address Lomas 5100

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.