

FILED NOV 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33375

3460
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BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 3337 Registrar's No. 33375

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Peace Valley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Peace Valley</u> 0460	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural give location) <u>P. P. Sisson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>E.</u>	
		c. (Last) <u>KARR</u>	
4. DATE OF DEATH		(Month) (Day) (Year) <u>Sept. 26, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 17, 1870</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. W. Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Crider</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Karr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. B. Pentecost</u>
		ADDRESS <u>Peace Valley, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept. 8, 1950</u> , to <u>Sept 26, 1950</u> , that I last saw the deceased alive on <u>Sept 25, 1950</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Virgil D. Bailey</u>		23b. ADDRESS <u>107 Walnut West Plains Mo</u>	
23c. DATE SIGNED <u>10/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mitts Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Howell Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-27-50</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Carter</u>		ADDRESS <u>Thayer, Mo.</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 30 1950

Dist. File 1050-2182

Date Filed 10-30-50

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

.....
Student Embalmer No.

Signed Helene Carter
Licensed Embalmer No. 4516

P. O. Address Wagon, 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.