

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41392

State File No. \_\_\_\_\_

No. 300  
10-48

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 577

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leesville Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Rural</u>	
c. LENGTH OF STAY (in this place) <u>77 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Leesville Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at his home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>KARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug. 14, 1874</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>4</u> IF UNDER 14 HRS. Min. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Smiths Reding Karr</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Parks Karr</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Karr</u> ADDRESS <u>Clinton, Mo. R#2</u>	
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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>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis with hypertension.</u> <u>Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-20, 1951, to 12-13, 1951, that I last saw the deceased alive on 12-13, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Barnett D.D.</u>		23b. ADDRESS <u>Wetzel Hospital, Clinton, Mo.</u>		23c. DATE SIGNED <u>12-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify?) <u>Burial</u>		24b. DATE <u>Dec. 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec-23-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Tausant</u> ADDRESS <u>Clinton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

RECEIVED DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 26 1951

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 \_\_\_\_\_  
Student Embalmer

Signed *H. A. Varsant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.