

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5596

State File No.

No. 300
10.48

FILED FEB 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>LAFAYETTE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL FREEDOM</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>MISSOURI</u>	
b. CITY OR TOWN <u>RURAL FREEDOM</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL FREEDOM TWP 0541</u>		b. COUNTY <u>LAFAYETTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 MI SOUTH EAST CONCORDIA, MO</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 MI SOUTH EAST CONCORDIA, MO</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>JOHN</u>			b. (Middle) <u>KARL</u>			c. (Last)	
6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>			8. DATE OF BIRTH <u>MAY 8, 1889</u>	
9. AGE (In years last birthday) <u>62</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			11. BIRTHPLACE (State or foreign country) <u>HIBKINSVILLE, MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY KARL</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE STIEGEMEYER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PAUL KARL CONCORDIA, MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES <u>Found dead in his barn yard</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>History of hypertension and cardiac decompensation</u>					
		DUE TO (c) <u>Had been severely ill for several months</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>No operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>M</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or highway, vessel)		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 <u>deceased from death</u> , 19 <u>92</u> , to <u>2-16</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.C. Martin M.D. coroner</u>				23b. ADDRESS <u>Odesse MO</u>		23c. DATE SIGNED <u>2-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 20, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST JOHN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAFAYETTE COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 20 1952</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Loughmiller</u>		154		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>	
						ADDRESS <u>Concordia, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1952

JUL 21 1952

MAY 1 1952

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.