

5. No. 300 OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31961
State File No. 378
Registrar's No. 378

0485
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		State File No. <u>378</u>		Registrar's No. <u>378</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>			d. STREET ADDRESS (If rural, give location) <u>1215 Home</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>										
3. NAME OF DECEASED (Type or Print) <u>Laura</u>			a. (First)		b. (Middle) <u>Karlstrom</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 25, 1889</u>		9. AGE (in years last birthday) Months Days <u>62 9 2</u>		IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Remington Arms, Lake City, Mo.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Barney, Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Thurman</u>			13b. MOTHER'S MAIDEN NAME <u>Motilda Lyons</u>			14. NAME OF HUSBAND OR WIFE <u>Albert V. Karlstrom</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>493-22-0554</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Karlstrom, Indep Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Metastatic Malignant Melanoma (Origin Scalp)</u>										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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.										
19a. DATE OF OPERATION <u>4-12-52 & 7-9-52</u>			19b. MAJOR FINDINGS OF OPERATION <u>METASTATIC MELANOTIC NODULES, SKIN & LYMPH NODES</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>190X</u>					
22. I hereby certify that I attended the deceased from <u>SEPT 8</u> , 19 <u>52</u> , to <u>SEPT 27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>SEPT 26</u> , 19 <u>52</u> , and that death occurred at <u>12:15 A. M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>John R. [Signature]</u>					23b. ADDRESS <u>211 Q. D. FIRST NATL BANK - INDEP. MO.</u>			23c. DATE SIGNED <u>9-29-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>			24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. [Signature]</u>			ADDRESS <u>Indep Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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 Wayne A. Hellenor

Licensed Embalmer No. 4627

P. O. Address 3005 Grand Lady Dr

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.