

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

**41575**

State File No. ....

No. 300  
10-48

**FILED JAN 5 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1347

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1418 So. 18</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>VIOLA</u>	b. (Middle) <u>F</u>	c. (Last) <u>KARNES</u>	(Month) <u>Dec.</u>	(Day) <u>19</u>	(Year) <u>1952</u>
(Type or Print)					

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 13 1912</u>	<b>9. AGE</b> (In years last birthday) <u>40</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 WKS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Guilford Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Arthur C. Richards</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Wolfe</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred L. Karnes</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, go on, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>?</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Fred L. Karnes</u>	<b>ADDRESS</b> <u>St. Joseph Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of Lung</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u>		
	DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>170X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Dec 15, 1952 to Dec 18, 1952 that I last saw the deceased alive on Dec 18, 1952 and that death occurred at 6:00 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Dr. J. J. Morgan M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>420 N. E 28th Joplin Mo</u>	<b>23c. DATE SIGNED</b> <u>12/24/52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Dec. 23 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 29 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Coats</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Stammy James Home</u>	<b>ADDRESS</b> <u>St. Joseph Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.