

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21253**

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5451 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry Rural Wilson		c. CITY (If outside corporate limits, write RURAL and give township) Rural (WILSON)	
c. LENGTH OF STAY (In this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) N. E. Of Stanberry 10 miles	

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3. NAME OF DECEASED (Type or Print) a. (First) Miss Virginia b. (Middle) Isabelle c. (Last) Karr			4. DATE OF DEATH (Month) (Day) (Year) June 23 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH April 4 1870			9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Morgan Co. Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Wm. Allen Karr		13b. MOTHER'S MAIDEN NAME Sarah Anderson		14. NAME OF HUSBAND OR WIFE single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. W. J. Karr Stanberry, Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Pneumonia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) Pernicious Anemia			3 yr
		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		19b. MAJOR FINDINGS OF OPERATION 490X			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)		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 April 10, 1953, to June 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 4:10 pm, from the causes and on the date stated above.

23a. SIGNATURE Charles N. Williamson D.O.		23b. ADDRESS Gentry Mo		23c. DATE SIGNED 6-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/25/53		24c. NAME OF CEMETERY OR CREMATORY Jennings	
				24d. LOCATION (City, town, or county) (State) N. E. Of Stanberry Mo	

DATE REC'D BY LOCAL REG. June 24-53		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Phillips Stanberry	
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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, ~~myself~~

~~Student Embalmer No.~~

~~working under my personal supervision.~~

~~Student~~

~~Student Embalmer~~

Signed

Lator A Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stoughton, Mass*

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.