

FILED AUG 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30844

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>0-1-21</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Webb City</u> <u>0492</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3.</u>				d. STREET ADDRESS (If rural, give location) <u>710 W. 2nd Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Mathews</u> c. (Last) <u>Karramore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1953</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>6-24-1871.</u>		9. AGE (in years last birthday) <u>82.</u>	IF UNDER 1 YEAR Months <u>1.</u> Days <u>18.</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Roading</u>		11. BIRTHPLACE (State or foreign country) <u>Prattville Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm J. Karramore</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie May Karramore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie May Karramore</u> ADDRESS <u>710 W. 2nd St. Webb City, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? _____			
22. I hereby certify that I attended the deceased from <u>7-21-1953</u> to <u>8-12-1953</u> , that I last saw the deceased alive on <u>8-11-1953</u> , and that death occurred at <u>5:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Bunch M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3.</u>		23c. DATE SIGNED <u>8-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-14-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

OCT 6 1968

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 *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.