

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42989**
5654

FILED DEC 15 1953

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|--|----------------------------|---|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>70 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cresthaven Conv. Home</u> | | | | • STREET ADDRESS (If rural, give location) <u>3558 Pennsylvania</u> <u>34880</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>KARGES</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 53</u> | |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>10-21-1881</u> | | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of past life, even if retired) <u>Sales Lady</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Dry Goods</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Louis H. Karges</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Schott</u> | | 14. NAME OF HUSBAND OR WIFE <u>XX</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-01-7588</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anne Karges, 3558 Pennsylvania</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>Carcinoma of Stomach & Peritoneal Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>15ix</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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 4 1953</u> to <u>Nov 30 1953</u> , that I last saw the deceased alive on <u>Nov 30 1953</u> and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Harold Passman</u> (Degree or title) | | | | 23b. ADDRESS <u>MD Prof. Bldg.</u> | | 23c. DATE SIGNED <u>12/1/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-3-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-1-53</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Wagner K. Co. Mo.</u> | | | |

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

7/28/1910

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.....
Signature of Student Embalmer

Signed *Alvin R. Harnisch*.....

Licensed Embalmer No. *4159*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.