No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9113

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 56 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2314 PORTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2314 PORTER

0495

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): L
c. (Last): KARLSTROM

4. DATE OF DEATH (Month) (Day) (Year): MAR 21-54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 2-1885
9. AGE (In years last birthday): 68 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): JOHNSON COUNTY, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALVA W. HADLEY
13b. MOTHER'S MAIDEN NAME: LIZZIE PRICE
14. NAME OF HUSBAND OR WIFE: JOHN L. KARLSTROM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — Interval between onset and death: 1 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Arteriosclerosis — 10 yrs
DUE TO (c) M.I. Duration

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: 44-3X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 21, 1954, *to* March 21, 1954, *that I last saw the deceased alive* March 21, 1954, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. A. Schulte, M. D.
(Degree or title): D
23b. ADDRESS: 421 Frisco Bldg, Joplin, Mo
23c. DATE SIGNED: 3/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-24-54
24c. NAME OF CEMETERY OR CREMATORY: FOREST PARK CEM.
24d. LOCATION (City, town, or county) (State): JOPLIN MO.

DATE REC'D BY LOCAL REG.: 3-25-54
REGISTRAR'S SIGNATURE: Carl S. Lampkin 138 by Velma Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE: HURIBUT-GLOVER
ADDRESS: JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 29 19
Jasper County Health Offi
County File Number 54-3-2
Date Filed MAR 29 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Dale Green.....

Licensed Embalmer No.....V5

P. O. Address.....Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.