

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12523**

FILED APR 20 1954

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5625** Registrar's No. **579**

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sleeper	c. LENGTH OF STAY (in this place) 2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sleeper	d. STREET ADDRESS (If rural, give location) No St. address
d. FULL NAME OF HOSPITAL OR INSTITUTION Sleeper Mo.			

3. NAME OF DECEASED a. (First) Wesley b. (Middle) Karl c. (Last) Karl			4. DATE OF DEATH April 9, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 17 1880	9. AGE (In years last birthday) 73	10. MONTHS 6	11. DAYS 22	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Cuba Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Charles Karl	13b. MOTHER'S MAIDEN NAME Theresa Benzshak	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 512-20-1836	17. INFORMANT'S SIGNATURE OR NAME Ins. Policy Records	ADDRESS
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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) He was found dead at his home in Sleeper Mo. DUE TO (b) apparently from a heart ailment 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 7953 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hella L. Hays, Registrar	23b. ADDRESS Lebanon, Mo	23c. DATE SIGNED 4-13-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.
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DATE REC'D BY LOCAL REG. 4-14-1954	REGISTRAR'S SIGNATURE Hella L. Hays	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Holman	ADDRESS Lebanon, Mo.
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(Licensed Embroider's Statement on Reverse Side)

Received APR 17 1954
Laclede County Health Unit
File No. 4-54-62
Date Filed APR 17 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.