

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15204

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5220 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cass	
b. CITY OR TOWN Drexel		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Drexel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2, Drexel, Mo.					
e. STREET ADDRESS (If rural, give location) Route 2, Drexel, Mo. 6190					

3. NAME OF DECEASED (Type or Print) a. (First) Ira			b. (Middle) Eugene		c. (Last) Karman		4. DATE OF DEATH (Month) (Day) (Year) May 14th, 54		
---	--	--	---------------------------	--	-------------------------	--	---	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/29/1871		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Months		11. UNDER 2 HRS. Days		12. UNDER 2 HRS. Hours		13. UNDER 2 HRS. Min.	
-----------------------	--	----------------------------------	--	--	--	--------------------------------------	--	--	--	----------------------------	--	--------------------------	--	---------------------------	--	--------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Self				11. BIRTHPLACE (City and State or Foreign Country) Scott County Iowa				12. CITIZEN OF WHAT COUNTRY? U. S. A			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME William Karman				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Lorena Karman			
---	--	--	--	---	--	--	--	---	--	--	--

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 Francis Karman		ADDRESS R.R. 2 Drexel, Mo.	
---	--	--	--	--	--	--------------------------------------	--

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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH acute	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia						12 hrs	
		DUE TO (c) Complications of Diabetes							
		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 4201						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 12/15/1953, to 5/14/1954, that I last saw the deceased alive on 5/14/1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. W. Marsh D.O.		(Degree or title)		23b. ADDRESS Drexel, Mo.		23c. DATE SIGNED 5/14/54	
---	--	-------------------	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17th 54		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Ceme.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
--	--	---------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 5/19/54		REGISTRAR'S SIGNATURE Dora Barnard 453		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd. K.C. Mo	
--	--	--	--	--	--	---	--

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



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..... *William H. Egan*

Licensed Embalmer No... *470*

P. O. Address... *P.O. 7*

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.