

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33969**

FILED NOV 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4904

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28-yrs.</b>		STREET ADDRESS (If rural, give location) <b>3812 Olive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3812 Olive</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALOIS</b>	b. (Middle) <b>J.</b>	c. (Last) <b>KARLIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 20 54</b>
--	-----------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-14-1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Former-Maintenance Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Commerce Trust-Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hayes, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	---

13a. FATHER'S NAME <b>John J. Karlin</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Schueler</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Karlin</b>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-16-3181-A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Karlin-3812 Olive-Kansas City,</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>(c) Arteriosclerosis Heart disease</b>		<b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>(c) 4-5 year.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Irreversible cardiac failure for part of month due (b)</b>		<b>4-500</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 1953, to 10-17, 1954, that I last saw the deceased alive on 10-17, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Robert Negro M.D.</b> (Degree or title)	23b. ADDRESS <b>1222 N. 1st Ave</b>	23c. DATE SIGNED <b>10-21-54</b>
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/23/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <b>10-22-54</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar-Kansas City, Missouri</b>	ADDRESS
--	--	--	---------

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

*L. Kabb. signed - No. 0568*

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 *Melvin Barton*.....

Licensed Embalmer No. *490*.....

P. O. Address *A.C.T.*.....

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.