

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1919**
 BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4384** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Skidmore		c. CITY OR TOWN Skidmore	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) 80 yrs		e. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Wasley c. (Last) Karr			4. DATE OF DEATH (Month) (Day) (Year) 1-24-1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-10-9-1865	9. AGE (In years last birthday) 89	10. UNDER 1 YEAR OF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Business ret.		10b. KIND OF BUSINESS OR INDUSTRY Karr Feed Co.		11. BIRTHPLACE (City and State or Foreign Country) Skidmore, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Karr		13b. MOTHER'S MAIDEN NAME Mary Walker	
14. NAME OF HUSBAND OR WIFE Cora E. Willhoute		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 AND ADDRESS Grace Karr - Skidmore, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH several days?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			2 mo.
		DUE TO (c) Hypertension.			years.
		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 331X	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)	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 **July 10, 1952**, to **Jan. 1955**, that I last saw the deceased alive on **Jan. 13, 1955**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Titcomb, D.O.		23b. ADDRESS Skidmore, Mo.		23c. DATE SIGNED 1-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-26-1955	24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	24d. LOCATION (City, town, or county) (State) Skidmore, Mo.	
DATE REC'D BY LOCAL REG. 2-5-55	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Mitchell Maryville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *G M Atkinson*

Licensed Embalmer No. *331*

P. O. Address *Maryville*

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.