

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35631**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6693** Registrar's No. **3020**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Rural Marshall Township	c. LENGTH OF STAY (in the place) 14 yrs 9 mo	c. CITY OR TOWN Chillicothe Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School		STREET ADDRESS (If rural, give location) 814 Broadway St	

3. NAME OF DECEASED (Type or Print) a. (First) Chris b. (Middle) Lee c. (Last) Karst	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1955
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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 July 1, 1932	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 16 Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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12a. FATHER'S NAME Christian L. Karst	13b. MOTHER'S MAIDEN NAME Hillian Baxter	14. NAME OF HUSBAND OR WIFE _____
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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 Hospital Records Mo State School	ADDRESS _____
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18. DATE 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) Pneumonia - broncho		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post Encephalitic Organic Damage		Since age of 4 1/2 mos. (or 22 yrs + 11 mos + 1 day)
	DUE TO (c) none		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		344X

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 **Oct 10th, 1955**, to **Oct 17, 1955**, that I last saw the deceased alive on **Oct 17, 1955**, and that death occurred at **11:50 P. M.**, from the causes and on the date stated above.

22a. SIGNATURE Benjamin Nargolois M.D.	(Degree or title)	22b. ADDRESS Mo State School Marshall Mo	22c. DATE SIGNED Oct 17 '55
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 10/19/55	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery Chillicothe Mo	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. Oct 19-55	REGISTRAR'S SIGNATURE Carol H. Reed	385 Deputy	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Surrency - Member, S.M.A.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

09-20-1955

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..... *J. Leslie Gentry*

Licensed Embalmer No. *323*

P. O. Address *Marshall*

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.