

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35780**

FILED NOV 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) -a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>Petai</b>		c. CITY OR TOWN <b>Petai</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>207 Cordia St.</b>		e. STREET ADDRESS (If rural, give location) <b>207 Cordia St. 11000</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Karner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26 1955</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 21 1884</b>		9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 1 YEAR: Months <b>5</b> Days <b>5</b>		11. IF UNDER 15 Hrs. Hours <b>0</b> Min. <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>			11. BIRTHPLACE, (City and State or Foreign Country) <b>Washington Co. Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>George Allen</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Smith</b>			14. NAME OF HUSBAND OR WIFE <b>Edmond Karner</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Edmond Karner</b> ADDRESS <b>Petai Mo.</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis with Thrombosis cerebri</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with Thrombosis cerebri</b> DUE TO (c) <b>cerebri</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **10/15, 1955** to **10/26, 1955**, that I last saw the deceased alive on **10/26, 1955**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>E. F. Russell</b>			23b. ADDRESS <b>Petai, Mo.</b>			23c. DATE SIGNED <b>10/31/55</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hills Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Washington Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10/31/55</b>		REGISTRAR'S SIGNATURE <b>Herbert Russell</b>		403- _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Fisher Sparks</b> ADDRESS <b>Petai Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

NOV 1 1955

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

NOV 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 *Anthony Lopez*

Licensed Embalmer No. *423*

P. O. Address *St. Louis*

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.