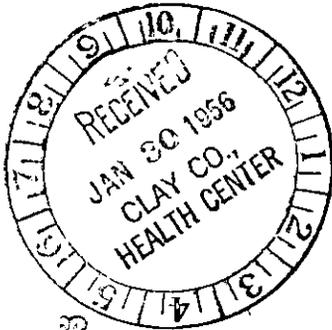


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Excelsior Spgs</u>		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 <u>309 East Excelsior</u>				STREET ADDRESS (If rural, give location) <u>309 East Excelsior Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ORA</u>		b. (Middle) <u>R.</u>		c. (Last) <u>KARR</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>23</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 10 1894</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Commissioner-Excelsior Spgs</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>John Karr</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Grace Karr-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>#####</u>		16. SOCIAL SECURITY NO. <u>486-10-6162</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Karr- Excelsior Spgs Mo</u>			
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) <u>Cerebral hemorrhage- complete and massive; 4th stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Coronary heart disease</u> <u>2. ascites of right chest cavity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>sev. yrs.</u> <u>sev. yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				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 <u>3/10/52</u> , 19 <u>52</u> , to <u>1/23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/23</u> , 19 <u>56</u> , and that death occurred at <u>9:30A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>1/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Spgs (Clay) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-56</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>		ADDRESS <u>Excelsior Spgs Mo.</u>	



FEB 7 1953

AUG 7 1953

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, ####, Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *James A. Mol*

Licensed Embalmer No. 329

P. O. Address Excelsior

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.