FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10187

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place): 4 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 085-0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): L.
c. (Last): Karr

4. DATE OF DEATH (Month) (Day) (Year): Mar 16 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/15/1915
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (City and State or Foreign Country): Miller County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Oscar Karr
13b. MOTHER'S MAIDEN NAME: Josie Smith
14. NAME OF HUSBAND OR WIFE: Idolia Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 357108546
17. INFORMANT'S SIGNATURE OR NAME: Idolia Karr
ADDRESS: Waynesville Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vascular Schock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic Chest injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 8234 32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hy 17
21c. (CITY, TOWN, OR TOWNSHIP) 085 **(COUNTY)**: 3 mi no Waynesvil Pulaski **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 15 56 9 45P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car left highway & Plunged over clif

22. *I hereby certify that I attended the deceased from* 3-16, 1956, *to* 3-16, 1956 *that I last saw the deceased alive on* 3-16, 1956 *and that death occurred at* 4:38 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Nichols (Degree or title): DO
23b. ADDRESS: Waynesville Missouri
23c. DATE SIGNED: 3/16/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/56
24c. NAME OF CEMETERY OR CREMATORY: Iberia Cemetery
24d. LOCATION (City, town, or county) (State): Iberia Missouri

DATE REC'D BY LOCAL REG.: 3-18-56
REGISTRAR'S SIGNATURE: Paula Jane Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Pledger
ADDRESS: Hedges Funeral Home Inc Iberia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1956

RECEIVED 3-18-56
Juaski County Health Officer
File Number 3-31-56
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 48

P. O. Address Wayne

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.