

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 2 1956 STANDARD CERTIFICATE OF DEATH

State File No. **21454**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5936** Registrar's No. **259**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Smithton		c. CITY OR TOWN Smithton	
c. LENGTH OF STAY (in this place) 6 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 1, 1/2 Mi. E. Smithton		STREET ADDRESS (If rural, give location) Route # 1, 1/2 Mi. E. Smithton, U. S. Hwy. #50	

3. NAME OF DECEASED (Type or Print) a. (First) ELLIOTT	b. (Middle) L.	c. (Last) KARRICK	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Water Chemist	10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (City and State or Foreign Country) Salt Lick, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Karrick	13b. MOTHER'S MAIDEN NAME Amenda Suttle	14. NAME OF HUSBAND OR WIFE Bertha Johnson Karrick
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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 Mrs. Bertha Karrick	ADDRESS Smithton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic C-V disease		
	DUE TO (c)		
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 +201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Feb 1, 1956**, to **June 27, 1956**, that I last saw the deceased alive on **June 27, 1956** and that death occurred at **7:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE J. V. Seegal MD	(Degree or title) MD	23b. ADDRESS Smithton Mo	23c. DATE SIGNED 6/28/56
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE June 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Selalia, Mo
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DATE REC'D BY LOCAL REG. 6-29-56	REGISTRAR'S SIGNATURE Lavina Cozart Deputy	25. FUNERAL DIRECTOR'S SIGNATURE DW Deekast	ADDRESS Selalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51

APR 17 1958

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 *Russell C. Maag*

Licensed Embalmer No. *48*

P. O. Address *Sedalia*

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.