No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

State File No. 34811

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 42

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Iberia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Rt 1 Richwoods twp

3. NAME OF DECEASED (Type or Print) a. (First) Lowell b. (Middle) Jennings c. (Last) Karr
4. DATE OF DEATH (Month) (Day) (Year): Sept 30, 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 25, 1934
9. AGE (In years last birthday): 22 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): laborer
10b. KIND OF BUSINESS OR INDUSTRY: shoe factory
11. BIRTHPLACE (City and State or Foreign Country): Miller Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Thurston Karr
13b. MOTHER'S MAIDEN NAME: Evelyn Scott
14. NAME OF HUSBAND OR WIFE: Single
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.:
17. INFORMANT'S SIGNATURE OR NAME: Thurston Karr ADDRESS: Iberia, Mo.

MEDICAL CERTIFICATION

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) SHOCK AND INTERNAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 90 MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) SEVERE CONTUSIONS AND FRACTURES OF ENTIRE BODY. DUE TO AUTO ACCIDENT.
DUE TO (c)

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

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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 42
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Iberia, Miller Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HEAD ON COLLISION OF TWO AUTOS.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 9-30, 1956, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. B. Humphreys (Degree or title) D.O. Coroner
23b. ADDRESS: Huscumbia, Mo
23c. DATE SIGNED: 10-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/1/1956
24c. NAME OF CEMETERY OR CREMATORY: Curry
24d. LOCATION (City, town, or county) (State): Miller Co. Mo.

DATE REC'D BY LOCAL REG.: Oct. 15-1956
REGISTRAR'S SIGNATURE: Jessie Perkins
25. FUNERAL DIRECTOR'S SIGNATURE: Walter C. Hedges ADDRESS: Hedges Funeral Homes Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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95.

RECEIVED

OCT 18 '56

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Walter P. Wedge

Licensed Embalmer No. 426

P. O. Address Iberia, I

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