

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13743**

**FILED APR 16 1957**

BIRTH NO. 23144-57 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 22

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission)		
a. COUNTY <u>KNOX</u>			a. STATE <u>None</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>EDINA</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>None</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSP. EDINA MO</u>			d. STREET ADDRESS (If rural, give location) <u>05-20</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>MARC</u>	b. (Middle) <u>KEVIN</u>	c. (Last) <u>KARHOFF</u>	<u>APRIL 11 1957</u>		
<b>5. SEX</b> <u>179 W</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>APRIL 10 - 1957</u>	<b>9. AGE</b> (In years last birthday)	<b>10. COUNTRY OF BIRTH</b>
<u>10a.</u> USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	<u>10b.</u> KIND OF BUSINESS OR INDUSTRY	<u>11. BIRTHPLACE</u> (City and State or Foreign Country) <u>EDINA - MO.</u>		<u>12. CITIZEN OF WHAT COUNTRY?</u> <u>USA.</u>	
<b>13a. FATHER'S NAME</b> <u>LEON KARHOFF</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>BETTY JO CRANK</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>CAROL PELUM</u> <u>EDINA, MO.</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Prematurity</u>				
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caesarian Section</u>				
	DUE TO (c) <u>Aborted Placenta</u>				
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>(Cause unknown)</u>				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7615</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Apr. 10</u> , 19 <u>57</u> , to <u>Apr. 11</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Apr. 11</u> , 19 <u>57</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <u>C. H. Gibson, D.D.</u>			<b>23b. ADDRESS</b> <u>Edina, Mo.</u>		<b>23c. DATE SIGNED</b> <u>4-11-57</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>4-11-57</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Joseph's New Cath.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>EDINA, MO.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Apr. 13</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Helle D. Humolt</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Paul C. Kuehhauser</u> <u>Edina Mo.</u>		

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>Not</sup> ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Paul C. Krieglhauser*

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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 this body is not embalmed, fact should be so stated above.