

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57021680
STATE FILE NUMBER

FILED JUN 19 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY LAFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN LEXINGTON Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 0540 RURAL FREEDOM TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 6 mi. S + E OF CONCORDIA, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL Length of stay in 1b 4 DAYS			4. DATE OF DEATH Month MAY Day 8 Year 1957		
3. NAME OF DECEASED (Type or print) First PAUL Middle KARL Last KARL			4. DATE OF DEATH Month MAY Day 8 Year 1957		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 23, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING	11. BIRTHPLACE (City and state or country) HIGHLANDVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME HENRY KATL			14. MOTHER'S MAIDEN NAME ELIZABETH STIEGEMEYER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 499-40-1078	17. INFORMANT Address MRS. CLIFFORD HASEMEYER GARDNER, KAS		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Myocardial infarction					6 hrs
DUE TO (c) Coronary atherosclerosis					Second day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour 10 Month 5 Day 8 Year 1957 a.m. 0 p.m. 0					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from March 14, 1957 to May 8, 1957 and last saw him alive on May 7, 1957 . Death occurred at 6:29 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. Strady M.D. (Degree or title)			22b. ADDRESS Concordia, Mo	22c. DATE SIGNED 5/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-11-57	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S	23d. LOCATION (City, town, or county) EMMA		(State) MO
24. FUNERAL DIRECTOR E. S. Jones	ADDRESS Concordia, Mo	25. DATE RECD. BY LOCAL REG. 5-24-57	26. REGISTRAR'S SIGNATURE Wm. S. Embert		

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JUN 19 1957

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 me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 20

P. O. Address Concordia

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.