Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25038

FILED AUG 13 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 375

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin — Inside Limits Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 202 Maiden Lane — Length of stay in 1b: 21 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location) 202 Maiden Lane Ave — Reside on Farm Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First Katie — Middle — Last Karch
4. DATE OF DEATH: Month 7 Day 27 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] DIVORCED [ ]
8. DATE OF BIRTH: 12-18-1881
9. AGE (In years last birthday): 75 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Phelps, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: No Record
13b. MOTHER'S MAIDEN NAME: Minnie Wilson
14. NAME OF HUSBAND OR WIFE: William Henry Karch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bessie McReynolds, 1923 Wall, Joplin, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) rupture of Charcots artery — 1week
DUE TO (c) anteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): senility, old fractured right hip 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1955, to 7-27 57 and last saw her alive on 7 26 57
Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J E Kilbourne (Degree or title) M.D.
22b. ADDRESS 521 W. 4th Joplin, Mo.
22c. DATE SIGNED 7 31 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-31-1957
23c. NAME OF CEMETERY OR CREMATORY Phelps Cemetery
23d. LOCATION (City, town, or county) (State) Phelps, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon ADDRESS Joplin, Mo
25. DATE REC'D BY LOCAL REG. 8-8-1957
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
County Health Office
File Number 57-8-684
Date Filed AUG 12 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed David Dillon
Signature of Student Embalmer

Licensed Embalmer No. 3898
P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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