

Health, Welfare
Public Service

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25097

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		c. CITY OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSP.		d. STREET ADDRESS 905 N. LANDRETH	
Length of stpy in 1b 55 YRS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAY Middle RICHARD Last KARCH			4. DATE OF DEATH JULY 10, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 8, 1883
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - FIREMAN	11. BIRTHPLACE (City and state or country) LEBANON, MO.
10b. KIND OF BUSINESS OR INDUSTRY JOPLIN FIRE DEPT.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. M. KARCH		14. NAME OF HUSBAND OR WIFE LULA E. KARCH	
13b. MOTHER'S MAIDEN NAME ELIZA BRENN		17. INFORMANT JACK KARCH, 2228 QUINCY AVENUE JOPLIN MO	
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. 4201	
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 Circulatory Failure DUE TO (b) Coronary Thrombosis with myocardial Infarction 15 days DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day years
20a. ACCIDENT SUICIDE HOMICIDE None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY None		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
20e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-28-57 to 7-10-57 and last saw her alive on 7-10-57 Death occurred at 300 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. E. Stephens, D.O. (Degree or title)	
22b. ADDRESS 211 W. 20th Joplin Mo		22c. DATE SIGNED 7-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-13-57	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 7-22-1957	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 57-27-61
Date Filed JUL-23-1957

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
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.