

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36482

State File No.

FILED OCT 28 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5617 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>KNOX</u>	
b. CITY OR TOWN <u>RURAL EDINA</u>	c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA (RURAL)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4 MI. N.E.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) <u>KARHOFF</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 18-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	9. AGE (In years last birthday) <u>74</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 Wks. Hours _____ Mins. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM KRIGER</u>		13b. MOTHER'S MAIDEN NAME <u>HENRYETTA BOOTH</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE KARHOFF</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEO HUNOLT</u> ADDRESS <u>EDINA MO.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with hypertension</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Overweight.</u> <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Dec. 29th 1952</u> , to <u>Oct. 18th 1957</u> , that I last saw the deceased alive on <u>Feb. 14th 1957</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Francis Tawnydas M.D.</u>		23b. ADDRESS <u>Edina Missouri</u>	
23c. DATE SIGNED <u>Oct. 19 1957</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-21-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S NEW CATH.</u>	
24d. LOCATION (City, town, or county) (State) <u>EDINA, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Kuegler</u> ADDRESS <u>Edina Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 21-57</u>		REGISTRAR'S SIGNATURE <u>Hella R. Hunolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0520

0520

1510

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

Student Embalmer

Signed

Paul C. Krieghauser

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.