

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

000104
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 10 Primary Registration District No. 5036 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hallsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home RFD 1		Length of stay in 1b 0 yrs	d. STREET ADDRESS (If outside, give location) R. F. D. 1		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Robert Last Karney			4. DATE OF DEATH Month Jan. Day 21 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1882	9. AGE (In years last birthday) 77	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 Agriculture	11. BIRTHPLACE (City and state or country) Callaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harve Karney		13b. MOTHER'S MAIDEN NAME Fannie Adair		14. NAME OF HUSBAND OR WIFE None (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Wilson Karney Address 1200 Grand Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive burns					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					9/60
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 checked="" 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.) House burned down			
20c. TIME OF INJURY Hour 8:30 a.m. Month 1/21 Day 59 Year 1959					
20d. INJURY OCCURRED WHILE AT WORK <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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Centuria RR #1 - Audrain Mo	
21. I attended the deceased from Home to Home and last saw her/him alive on 1/21/59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William A. Jacques Coroner			22b. ADDRESS 1120 Clark Street		22c. DATE SIGNED 1/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-1959	23c. NAME OF CEMETERY OR CREMATORY Richland Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Missouri
24. FUNERAL DIRECTOR Parker Funeral Home		ADDRESS Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Jan 23 1959	26. REGISTRAR'S SIGNATURE Blanche Neely

All diseases in Part I must be causally related.
William A. Jacques M.D. Cor.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Was Not Embalmed

Signed *Ray Miller*

Licensed Embalmer No. *4492*

P. O. Address *Michigan*

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.