URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-036243
STATE FILE NUMBER

MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4898

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo. — Length of stay in 1b: 5 days	c. CITY OR TOWN Inter City — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 820 S. Hardy — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: MR. JOHN	Middle: ROBERT	Last: KARM	4. DATE OF DEATH	Month: October	Day: 9,	Year: 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: July 3, 1896	9. AGE (last birthday): 63	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HR: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheffield Steel Co.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): Lamine, Mo.	12. CITIZEN OF WHAT COUNTRY: USA				
13a. FATHER'S NAME: William Karm	13b. MOTHER'S MAIDEN NAME: Mary Ryan		14. NAME OF HUSBAND OR WIFE: Carolyn Karm					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 702-14-4224	17. INFORMANT: Mrs. Carolyn Karm, Address: Inter City					

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) – Broncho-pleural-cutaneous fistula

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) – Emphysema – Post-operative

DUE TO (c) – Carcinoma of Lung –

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 8/10/59, to 10/9/59 and last saw her/him alive on 10/8/59

Death occurred at 3:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clarke L. Henry (Degree or title) M.D. — 22b. ADDRESS Plaza Parkway Bldg — 22c. DATE SIGNED 10/12/59

BY AFFIDAVIT OF Clarke L. Henry

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn	23d. LOCATION (City, town, or county) (State): Independence, Missouri
24. FUNERAL DIRECTOR: OTT & MITCHELL, Indep., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG.: 10-12-59	26. REGISTRAR'S SIGNATURE: Alice Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

VS OCT 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Me, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Rudolph Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.