

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023847

FILED VS JUN 24 1960

209

Primary Registration District No.

Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rfd #2 Palmyra</b>		Length of stay in 1b <b>15 Years</b>	c. CITY OR TOWN <b>Palmyra, R.F.D.#2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D.#2 Palmyra Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Mt. Vernon Neighborhood</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Wallace Raymond Karr</b>			4. DATE OF DEATH Month Day Year <b>June 15, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/19/'01</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and state or country) <b>Clay Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>George Edward Karr</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Ann Duncan</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Karr (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496 40 8358</b>	17. INFORMANT Address <b>Mrs. J.E. Lafoe, Philadelphia Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Emaciation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b>					<b>3 months</b>
DUE TO (c)					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>March 4, 1960</b> to <b>June 6, 1960</b> and last saw him alive on <b>June 6, 1960</b> Death occurred at <b>10:10 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jm Canella</i> (Degree or title)		22b. ADDRESS <b>M. D. 707 Bdwy, Hannibal, Missouri</b>		22c. DATE SIGNED <b>6-17-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/18/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Judes Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Monroe City, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Harold V. Garner. Monroe City Mo</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-20-60</b>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i> <i>But Vista Free, Deputy</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 24 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3720

P. O. Address Monroe City,

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