

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030079

FILED VS SEP 14 1960

Registration District No. 79 Primary Registration District No. _____ Registrar's No. 41 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osborn</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Osborn</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi N.E. -</u>				d. STREET ADDRESS (If outside, give location) <u>4 mi N.E.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>McWayne</u> Last <u>Karr</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>21</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-25-1945</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
12a. FATHER'S NAME <u>Frank C. Karr</u>			13b. MOTHER'S MAIDEN NAME <u>Addline Chase</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Frank C. Karr, Osborn, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal injuries due to fall</u>							INTERVAL BETWEEN DEATH AND DEATH <u>30 Min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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.) <u>Fall from light pole</u>			
20c. TIME OF INJURY Hour <u>4</u> a.m. / p.m. Month, Day, Year <u>8-21-60</u>		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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Osborne DeKalb Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John Brown</u> (Degree or title) <u>Coronor</u>				22b. ADDRESS <u>Maysville Mo</u>		22c. DATE SIGNED <u>8-21</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-24-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Georgreen</u>		23d. LOCATION (City, town, or county) (State) <u>Osborn, Mo</u>	
24. FUNERAL DIRECTOR <u>Pelcher Funeral Home</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9-5-60</u>		26. REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 3 1980

SEP 1 1980

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 W.E. Cummings

Licensed Embalmer No. 3007

P. O. Address Stewartsvale

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.