

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035426

STATE FILE NUMBER

FILED VS 007

Registered District No. 184 Primary Registration District No. 3038 Registrar's No. 119

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Linn		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		a. STATE Missouri		COUNTY Linn	
Length of stay in 1b 35 yrs		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 512. Market Street	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise's Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First John		Middle Karbach		Last		Month Day Year Sept. 27, 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-1878	9. AGE (last birthday) 81	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) Tavern Operator ret		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Chillicothe, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Karbach		13b. MOTHER'S MAIDEN NAME Mary Rainbolt		14. NAME OF HUSBAND OR WIFE Belva Karbach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ollie Goodin, Emmons, Minn.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Circulatory failure						19 hrs.	
DUE TO (b) Acute cerebral accident						27 hrs.	
DUE TO (c) Generalized debility and advanced age							
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 a.m. p.m. Month, Day, Year							
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 August 1958 to 9/27/60 and last saw her/him alive on 9/27/60 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John W. White</i> John W. White, D. O.				22b. ADDRESS Brookfield, Missouri		22c. DATE SIGNED 9/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-29-1960	23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town, or county) (State) Brookfield, Mo.			
24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home, Brookfield, Mo.			25. DATE RECD. BY LOCAL REG. 9-29-60	26. REGISTRAR'S SIGNATURE <i>Katharine Johnson</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

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.