

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-008226

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 56 STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Length of stay in 1b 4-days  
c. CITY OR TOWN Senath Inside Limits Yes  No

c. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memoria l Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Rt. 1 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Ideita Baker Karnes March 8, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 4/26/1882 9. AGE (last birthday) 78 IF UNDER 1 YEAR Month 10 Days 12 Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Newborn, Tenn. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Leonard Baker 13b. MOTHER'S MAIDEN NAME Martha Walker 14. NAME OF HUSBAND OR WIFE Taylor A. Karnes

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. Unknown 17. INFORMANT Address Eupal Kelly Senath, 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 4 days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease  
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.  
 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 March 4, 1961 to March 8, 1961 last saw her alive on March 8, 1961  
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George W. ... 22b. ADDRESS Kennett Mo 22c. DATE SIGNED 3/11/61

23a. BURIAL REMOVAL (Specify) Burial 23b. DATE 3/10/1961 23c. NAME OF CEMETERY OR CREMATORY Lulu 23d. LOCATION (City, town, or county) (State) (Near) Senath, Mo.

24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service, Senath, Mo. 25. DATE RECD. BY LOCAL REG. 3-14-1961 26. REGISTRAR'S SIGNATURE Carl ...

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, MO.

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.