

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028672

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 3705 STATE FILE NUMBER

FILED AUG 16 1961

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>R.R.#13 North Kansas City</b>				Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Kansas City</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R.#13, North Kansas City</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4151 Nearman Drive.</b>		
3. NAME OF DECEASED (Type or print) First <b>RILIA</b> Middle <b>KARCH</b> Last <b>KARCH</b>				4. DATE OF DEATH Month <b>7</b> Day <b>24</b> Year <b>61</b>				
5. SEX <b>female</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>10-17-73</b>		
9. AGE (last birthday) <b>87</b>		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) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>housework</b>		11. BIRTHPLACE (City and state or country) <b>Bone Gap Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Cantrell</b>				13b. MOTHER'S MAIDEN NAME <b>Brown</b>		14. NAME OF HUSBAND OR WIFE <b>William H. Karch</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>none</b>		17. INFORMANT Address <b>Opha Eklund 355 E Longfellow, K.C. 19, Mo.</b>			
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) <b>Acute Pulmonary edema</b>							<b>Weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b>							<b>Weeks</b>	
DUE TO (c) <b>Arterio-sclerotic heart disease</b>							<b>Years</b>	
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 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 <u>18 July 1961</u> to <u>24 July 61</u> and last saw her <u>alive</u> on <u>24 July 61</u> Death occurred at <u>3:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>R. D. Dwyer M.D.</i>				22b. ADDRESS <i>1806 Swift Dr. North Kan. City, Mo.</i>			22c. DATE SIGNED <i>25 July 1961</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>7-24-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery.</b>		23d. LOCATION (City, town, or county) <b>Bethel Kansas.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Warnick-Eads, Kansas City Kansas.</b>				25. DATE RECD. BY LOCAL REG. <b>7-25-61</b>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>		

**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 John W. Haldensinger

Licensed Embalmer No. 5058

P. O. Address Kansas City, 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.