

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019160

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 592

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB.

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Wm. H. Ames, M.D. MEDICAL CERTIFICATION

1 5117
2 5117
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4 0
5 1
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7 1
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9 200
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,			Length of stay in 1b 7 years		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2729 Frederick Blvd.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2729 Frederick Blvd.	
3. NAME OF DECEASED (Type or print) First FRED Middle KARR Last KARR				4. DATE OF DEATH Month May Day 12, Year 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1882	9. AGE (last birthday) 80	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) V. Pres. & General Manager			10b. KIND OF BUSINESS OR INDUSTRY St. Joseph, Gas Co.		11. BIRTHPLACE (City and state or country) Pueblo, Colorado		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Schoonever Karr			13b. MOTHER'S MAIDEN NAME Mary O'Reardon		14. NAME OF HUSBAND OR WIFE Margot Karr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No			16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address. Mrs. Margot Karr-St. Joseph, Missouri		
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 heart disease							INTERVAL BETWEEN ONSET AND DEATH Unknown
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) Stroke					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 1957 to 5-12-63 and last saw her alive on 4-29-63 Death occurred at 4:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dentist or title) William H. Ames, M.D.				22b. ADDRESS 750 Edward St		22c. DATE SIGNED 5-13	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 14, 1963		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri	
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc., St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. May 14 1963		26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell	

MAY 24 1963

Permit No. 5-13-63

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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

Albert R. Harrington

Licensed Embalmer No.

3258

P. O. Address

St. Joseph, 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.

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