

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0014549

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

456

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2614 Penn St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
MARTIN

Middle  
LEO

Last  
KARL

4. DATE OF DEATH  
Month Day Year

April

15,

1965

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11-11-1997

9. AGE (last birthday)  
67

10. IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Gen. Farming

11. BIRTHPLACE (City and state or country)  
Buchanan Co. Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Frederick Karl

13b. MOTHER'S MAIDEN NAME

Louise Fisher

14. NAME OF HUSBAND OR WIFE

Stella

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.  
493-42-2576

17. INFORMANT  
Stella Karl 2614 Penn City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

unknown

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 June 1963 to 4/15/65 and last saw her alive on 4/15/65  
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

H. A. Curran M.D.

22b. ADDRESS

1302 Farrow St. Joseph, Mo.

22c. DATE SIGNED

4/15/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Apr. 19, 1965

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Hurlingen, Mo.

(State)

24. FUNERAL DIRECTOR

O. Sidenfaden & Son St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 16, 1965

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF H. A. Curran, M.D.

DATE AMENDED

2

VS 300

Rev. 4/59

1 5117

2 5117

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 3-0

13 1-0

Permit issued 4-16-65

**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 Barbara Jean Fortmann, Student Embalmer No. 741  
working under my personal supervision.

Student

Barbara Jean Fortmann  
Signature of Student Embalmer

Signed

Robert H. Geph

Licensed Embalmer No. 3308

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.