

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012534

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 130

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>Callaway County Hospital</b>			Length of stay in 1b <b>500</b>	d. STREET ADDRESS (If outside, give location) <b>Southwest Avenue</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CONRAD WALKER KARR</b>				4. DATE OF DEATH <b>May 1, 1959</b>			
5. SEX <b>Male</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>July 15, 1880</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer and Exterior Decorator</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Clarksburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Monroe D. Karr</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Barnhart</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Mae Comer Karr</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>490-09-8071</b>		17. INFORMANT Address <b>Mrs. Ray Wheeler Southwest Ave. J.C., Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio sclerosis - Renal</b> <b>accompanied by</b> DUE TO (b) <b>mental deterioration</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>334X</b>	
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.			20d. INJURY OCCURRED WHILE AT <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 <b>High Point, Mo.</b>		COUNTY		STATE	
21. I attended the deceased from <b>April 21st 1959</b> to <b>May 1st 1959</b> and last saw him alive on <b>May 1st 1959</b> . Death occurred at <b>3:25 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Conrad Karr M.D.</b>						22b. ADDRESS <b>Fulton Mo</b>	
22c. DATE SIGNED <b>5-2-59</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 3, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Point Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>High Point, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Victor Buescher J.C., Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>May 9, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>	

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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 *Victor Buescher*.....

Licensed Embalmer No. *3701*.....

P. O. Address *Jama*.....

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.