

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21259

State File No.

FILED JUN 28 1956

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Enon</u>	c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY OR TOWN <u>Enon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1956</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pilot Grove Township Rural</u>		f. STREET ADDRESS (If rural, give location) <u>5 W. West Enon, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Suey</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Karr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 1, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>3</u>	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Corsswhite</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ross</u>	14. NAME OF HUSBAND OR WIFE <u>Smith Karr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Smith Karr</u> ADDRESS <u>Enon, Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1956, to June 4, 1956, that I last saw the deceased alive on May 23, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)	23b. ADDRESS <u>Eldon, Mo.</u>	23c. DATE SIGNED <u>June 5</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 June 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>High Point, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-8-56</u>	REGISTRAR'S SIGNATURE <u>W. J. Popyay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kibbrell</u> ADDRESS <u>Versailles, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

060

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.....

Raymond C. Forbes

Licensed Embalmer No. 4620

P. O. Address Versailles

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.