

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1811**

FILED JAN 21 1953

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4240** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Blue Springs		c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs	
c. LENGTH OF STAY (In this place) 4090		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)
a. (First) **Ethel** b. (Middle) **Mac** c. (Last) **Karner**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 3 - 1953**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan 19 - 1884** 9. AGE (In years last birthday) **68**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Telephone Operator** 10b. KIND OF BUSINESS OR INDUSTRY **5 with utility industry** 11. BIRTHPLACE (State or foreign country) **Orrick Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wm Miller** 13b. MOTHER'S MAIDEN NAME **Margaret Barrett** 14. NAME OF HUSBAND OR WIFE **Clarence Karner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **495-07-5429** 17. INFORMANT'S SIGNATURE OR NAME **Miller Karner** ADDRESS **Blue Springs Mo**

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **adenos carcinoma of breast**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **with metastasis**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 yr +**

19a. DATE OF OPERATION **1-9-52** 19b. MAJOR FINDINGS OF OPERATION **C heart - removed same & incision** 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-3**, 19**52**, to **1-3**, 19**53**, that I last saw the deceased alive on **12-26**, 19**52**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Merrill R. Bay M.D.** 23b. ADDRESS **Blue Springs** 23c. DATE SIGNED **1-5-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24b. DATE **Jan. 5. 1953** 24c. NAME OF CEMETERY OR CREMATORY **Blue Springs** 24d. LOCATION (City, town, or county) (State) **Blue Springs Mo**

DATE REC'D BY LOCAL REG. **1-5-53** REGISTRAR'S SIGNATURE **M. Blangford** 25. FUNERAL DIRECTOR'S SIGNATURE **Webb Funeral Home** ADDRESS **Blue Springs Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Webb

Signed.....

Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs, 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 this body is not embalmed, fact should be so stated above.