

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013457
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3096

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Coles</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>		c. CITY OR TOWN <u>Mattoon</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Glennon Memorial Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>2704 Shelby Avenue.,</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last <u>Earline Irene Karaker</u>			Month Day Year <u>March 15 1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/18/1956</u>	9. AGE (last birthday) <u>6</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Child Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Mattoon, Illinois.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Karaker Karaker</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Counts</u>		14. NAME OF HUSBAND OR WIFE <u>Nil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Karaker</u> Address <u>Charles Karaker, Mattoon, Illinois.</u>	
No <input checked="" type="checkbox"/> Nil <input type="checkbox"/>					

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Nephritis secondary to massive 3rd degree burns about the trunk and thighs and medial aspects of the upper extremities. Shock, suffered when clothing became ignited from trash fire in yard of home in Mattoon, Ill., DUE TO (c) on March 12th, 1963.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

ACCIDENT 916.0-16.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See Above</u>
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20c. TIME OF INJURY Hour a.m. p.m. <u>3-12-63</u>	20d. INJURY OCCURRED - WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Yard</u>	20f. CITY, TOWN, OR LOCATION <u>Mattoon, Illinois</u>	COUNTY	STATE
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21. attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE 	(Degree or title) <u>Deputy Registrar</u>	22b. ADDRESS <u>1360 Clark Ave</u>	22c. DATE SIGNED <u>3/16/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/18/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dodge Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>Mattoon, Illinois.</u>
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24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>MAR 16 1963</u>	26. REGISTRAR'S SIGNATURE <u>Dean Smith, M.D.</u>
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Rev. 4/59

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DATE AMENDED

5/3/63

5/3/63

5/3/63

INSTEAD OF

Earline Irene Karaker

Charles Karaker

Charles Karaker

BY AFFIDAVIT OF Fun. Director

ITEM NO.

3

13a

17

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

55

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 Larry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.