

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 8008
 BIRTH NO. 49-013719 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud, Mo. Route</u>		d. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo. Route</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u> b. (Middle) <u>Louis</u> c. (Last) <u>Carroll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 18, 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <u>8</u> <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>**</u>		

13a. FATHER'S NAME <u>Alonza Emmet Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie May Houston</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALONZA EMMET CARROLL ROSEBUD MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Foramen Ovale</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs.</u>	
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 3-18, 1949 to 3-19, 1949, that I last saw the deceased alive on 3-19, 1949, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Brenner</u> (Degree or title)		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>3-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>near Drake, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. White Owensville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Dorothy Lachman</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED
Director Health Officer No. 9,
District File Number
APR 7 1949
Date Filed

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3838

P. O. Address _____

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.