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FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5114

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5872 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3 3200	
c. LENGTH OF STAY (In this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 815 Newton 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home for Aged			

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) P	c. (Last) Carroll	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 18, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward		10b. KIND OF BUSINESS OR INDUSTRY Jackson Co. Home		11. BIRTHPLACE (State or foreign country) Keytesville, Mo. D		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Carroll	13b. MOTHER'S MAIDEN NAME Sarah Jane Thrash	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha L. Wendell, Kansas City 3, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pending		
	DUE TO (c) Acute morphine Intoxication self inflicted (supplementary report)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE D E Casper D MD (Degree or title)	23b. ADDRESS 2800 main	23c. DATE SIGNED 1/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Feb. 1, 1950	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Keytesville, Mo.
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DATE REC'D BY LOCAL REG. 1-31-50	REGISTRAR'S SIGNATURE Donald C. Carnshaw 378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 RECD

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

Hoyt C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.