

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21171

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5947		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James township			c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James township 0810			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) St. James, Missouri.			
3. NAME OF DECEASED (Type or Print) a. (First) Cleveland			b. (Middle) Carrol		c. (Last) Carrol		
4. DATE OF DEATH June 12, 1950							
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH March 17, 1868	9. AGE (In years last birthday) 82	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) Labor		10b. KIND OF BUSINESS OR INDUSTRY Public Works		11. BIRTHPLACE (State or foreign country) Gasconade County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Archabale Carrol		13b. MOTHER'S MAIDEN NAME Mary Gibson		14. NAME OF HUSBAND OR WIFE Lillian Carrol (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Mrs Marrie Paterson, St. James, Mo.	ADDRESS St. James, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident					INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
	ANTECEDENT CAUSES Morbidity DUE TO (b) Senility Generalized arteriosclerosis DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					331X	
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) _____	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 24, 1950 to May 29, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Homer D. Butts M.D.			23b. ADDRESS St. James, Mo.		23c. DATE SIGNED June 26, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Grove Dale Cemetery		24d. LOCATION (City, town, or county) (State) Marion County Mo.			
DATE REC'D BY LOCAL REG. June 26, 1950	REGISTRAR'S SIGNATURE Corra G. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE O.E. Licklider, St. James, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 6-29-50

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paul E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James M

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.