

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29131

State File No.

BIRTH NO.

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 6116

Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tennessee b. COUNTY Davidson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sikeston, R#2 (Sandywoods)		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Nashville		8420	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 1/2 mi West Of Blodgett, Mo.				d. STREET ADDRESS (If rural, give location) 5302 Georgia Ave.			
3. NAME OF DECEASED (Type or Print) RUFUS		b. (Middle) MARCELLUS		c. (Last) CARROLL		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 8, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 23	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Dixon County, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mark M. Carroll (Dec'd)		13b. MOTHER'S MAIDEN NAME Elizabeth Stark (Dec'd)		14. NAME OF HUSBAND OR WIFE Pearl Carroll (Dec'd)			
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. No Record		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sallie E. Waddey Nashville, Tenn.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myo Carditis				ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			4:31X
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 AS CORONER 19 ONLY , 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 4 P m., from the causes and on the date stated above.							
23a. SIGNATURE Clude P. J. 3 (Name or title) CORONER Scott Co.				23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 9/2/1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Nashville, Tennessee		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Sept. 2 1950		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 5 19

SCOTT COUNTY HEALTH C

CO. FILE NO. 950

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 _____

John F. Ammer Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 3851

P. O. Address Charleston, W

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.