

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29977

State File No.

396

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 776A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster 1121</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield 1</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) XXXXXXXX <u>Elby</u> b. (Middle) <u>CARROLL</u> c. (Last) <u>CARROLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>March 29, 1921</u>
9. AGE (In years last birthday) <u>29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>
11. BIRTHPLACE (State or foreign country) <u>Buffalo, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown William Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Sarah Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW II</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, VAH, Springfield, Mo.</u> ADDRESS <u>8981X</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe hemorrhage from left femoral artery.</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (b) <u>Gunshot wound, left inguinal region.</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Seymour Webster Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 1, 1950 Approx 9 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Injured by town Marshall</u>	
22. I hereby certify that I attended the deceased from <u>Sept 1, 1950</u> , to <u>Sept 1, 1950</u> , and that death occurred at <u>10:20 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>P. EISELE MD</u> Chief (Degree or title)		23b. ADDRESS <u>VA Hospital Springfield, Missouri</u>	
23c. DATE SIGNED <u>9/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>	24b. DATE <u>Sept 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-11-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Hudley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce - Marshfield, Mo.</u> ADDRESS	

MAY 7 1957

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.....
Student Embalmer

Signed *Arthur Bruce*

Licensed Embalmer No. *4728*

P. O. Address *Marshfield, Me*

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.