

FILED JAN 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11717

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3022 Registrar's No. 402

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia, Missouri 0804	
c. LENGTH OF STAY (in this place) 2 wk		d. STREET ADDRESS (If rural, give location) 1506 South Warren 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ETTIE	b. (Middle) JANE	c. (Last) CARROLL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 22, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (State or foreign country) Dallas County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Woodford Fisher	13b. MOTHER'S MAIDEN NAME Dorothy Lucinda Beck	14. NAME OF HUSBAND OR WIFE Clark Carroll
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Margaret Nichols, 1506 S. Warren Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis insufficiency 4 yrs		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scintigraphy		4/10X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec. 22, 1950, that I last saw the deceased alive on Dec. 22, 1950, and that death occurred at 7:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE K. L. Robinson M.D.	(Degree or title) D. O.	23b. ADDRESS 315 Franklin Bldg Sedalia Mo	23c. DATE SIGNED 12/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Missouri
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DATE REC'D BY LOCAL REG. 12/24/50	REGISTRAR'S SIGNATURE R. J. Campbell M.D. Deputy	FUNERAL DIRECTOR'S SIGNATURE D. J. Ewing	ADDRESS Sedalia, Mo.
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RECEIVED 1-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-51

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

J. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.