

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1825**

BIRTH NO. **3811-51** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **27**

0648

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Philadelphia, Missouri	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL-NAME OF HOSPITAL OR INSTITUTION Leveering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leonard	b. (Middle)	c. (Last) Carroll	4. DATE OF DEATH (Month) (Day) (Year) 1-20-1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1-20-1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Kent Carroll	13b. MOTHER'S MAIDEN NAME Marjorie Thomas	14. NAME OF HUSBAND OR WIFE 0
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Kent Carroll	ADDRESS Philadelphia
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 776X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

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)	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 **1/20** 1951, to **1/20** 1951, that I last saw the deceased alive on **1/20** 1951, and that death occurred at **5:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Allen	(Degree or title)	23b. ADDRESS Palmyra Mo	23c. DATE SIGNED 1/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-21-1951	24c. NAME OF CEMETERY OR CREMATORY Philadelphia Cemetery	24d. LOCATION (City, town, or county) (State) Philadelphia Missouri
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DATE REC'D BY LOCAL REG. 1-26-51	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	189	25. FUNERAL DIRECTOR'S SIGNATURE B. M. Allen	ADDRESS Philadelphia Mo
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RECEIVED JAN 23 1951
HEALTH DEPT.
DATE FILED JAN 20 1951

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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Signed *R M Allen*

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address

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.