

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4228

State File No.

ED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 17

0171
3

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

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| 1. PLACE OF DEATH a. COUNTY Carroll | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton 0171 | |
| c. LENGTH OF STAY (In this place) 30 Days | | d. STREET ADDRESS (If rural, give location) 305 West Benton St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION American Hotel (East Benton) | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Quincy c. (Last) Carroll | 4. DATE OF DEATH (Month) (Day) (Year) 2 - 22 - 52 |
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|--------------------|-------------------------------|--|--------------------------------------|---|-------------------------------|-------------------------------|-------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Feb. 28 1873 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR 4 Days | IF UNDER 1 HR. 0 Hours | IF UNDER 1 MIN. 0 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer | 10b. KIND OF BUSINESS OR INDUSTRY Coal Business | 11. BIRTHPLACE (State or foreign country) Laclede County Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Robert Carroll | 13b. MOTHER'S MAIDEN NAME Rosetta Hoffdaffer | 14. NAME OF HUSBAND OR WIFE Single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Scott (Montgomery City Mo) | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) by drinking 2 ounces of Carbolic Acid. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION E9712 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton Carroll Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2:19 | 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 about, 1952, to about, 1952, that I last saw the deceased alive on about, 1952, and that death occurred at 2:19 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Ray Dickerson | 23b. ADDRESS Boyard Mo | 23c. DATE SIGNED 2/22/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-24-52 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Carrollton Mo |
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| DATE REC'D BY LOCAL REG. 2/24/52 | REGISTRAR'S SIGNATURE Mr. Herbert Calver 45-0 | 25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home | ADDRESS Carrollton Mo |
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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 R. M. Marshall Jr

Licensed Embalmer No. 4769

P. O. Address Greentown, Pa

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.