

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23327

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 56

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Shelby county</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. CITY OR TOWN<br><b>Shelby</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Shelbina, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Shelbina, Mo</b> <u>1020</u>   |  |
| c. LENGTH OF STAY (If in place)<br><b>Life</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>X</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>None</b>                                       |  |   |  |

|  |                                  |  |  |  |  |
|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILLIAM</b><br>b. (Middle) <b>HARRY</b><br>c. (Last) <b>CAROTHERS</b> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>7-7-1952</b>           |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b> | 8. DATE OF BIRTH<br><b>9-10-1935</b>                               | 9. AGE (In years last birthday)<br><b>16</b> | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>9</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Student</b>              |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Same</b>                               | 11. BIRTHPLACE (State or foreign country)<br><b>Shelby Co. Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>       |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>John A. Carothers</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Beulah Painter</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|--|--|--|

|  |                                     |  |                               |
|--|-------------------------------------|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>X</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>John A. Carothers, Shelby, Mo.</b> | ADDRESS<br><b>Shelby, Mo.</b> |
|--|-------------------------------------|--|-------------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | b. <b>Car Accident</b><br>Morbidity conditions, if any, giving rise to the above cause (a) state the underlying cause last.<br><b>Drive on Highway #36-82 Mo East of Shelbina, Mo. Road Car Overturned back into Buick transport truck</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>E8161<br/>26</b>  |  |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>102</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|   |  |  |
|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                      | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office, etc.)<br><b>22 Mi. E of Shelbina, Mo. Highway #36</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Shelby Mo</b>        |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>7 7 1952 11:30 a.m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                  | 21f. HOW DID INJURY OCCUR?<br><b>Overturned into Buick transport truck</b> |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                  |   |
|---|----------------------------------|---|
| 23a. SIGNATURE (Degree or title)<br><b>William H. Garrison 3rd</b>    | 23b. ADDRESS<br><b>Bethel Mo</b> | 23c. DATE SIGNED<br><b>7/10/52</b>                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>            | 24b. DATE<br><b>7-10-1952</b>    | 24c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F.</b> |
| 24d. LOCATION (City, town, or county) (State)<br><b>Shelbina, Mo.</b> |                                  |   |

|  |  |   |                                 |
|--|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>7-12-52</b> | REGISTRAR'S SIGNATURE<br><b>Ada Garrison</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Barkelaw-Hawkins</b> | ADDRESS<br><b>Shelbina, Mo.</b> |
|--|--|---|---------------------------------|

No. 300  
READ  
20  
3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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..... *W. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address. *St Albans Md*

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.. . . .