

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23393**

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **113**

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

1. PLACE OF DEATH a. COUNTY <b>Nevada</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Oregon</b> b. COUNTY <b>Klamath</b>	
b. CITY OR TOWN <b>Nevada</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Klamath Falls</b> <b>8360</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Westport Cabins</b>		d. STREET ADDRESS (If rural, give location) <b>509 Eldorado St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mustie Carroll</b> b. (Middle) <b>Beyran</b> c. (Last) <b>Beyran</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 29 - 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10 - 1886</b>		9. AGE (in years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Quindary, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John J. Carroll</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ellen Carroll Wm. Herbert Beyran</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Wm. Herbert Beyran Klamath Ore.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease &amp; acute left ventricular failure</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity 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"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **6-27**, 1952, to **6-29**, 1952, that I last saw the deceased alive on **6-28**, 1952, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest Davis, M.D.</b>		23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>6-29-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-29-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodruff Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Woodruff, Kan.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. V. Hays Nevada, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6-30-52</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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 HH Marmaduke

Licensed Embalmer No. 2070

P. O. Address Quincy, 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.