

No. 300  
V. 10.48

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10513**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 51

592  
C

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Rich Hill Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 5 Chillicothe</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Carroll</u> c. (Last) <u>Carroll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1953</u>		
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar. 8, 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston Co., Mo.</u>	

13a. FATHER'S NAME <u>Abraham Tompkins</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Teters</u>		14. NAME OF HUSBAND OR WIFE <u>John Carroll</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Carroll-Chillicothe, Mo.</u>	

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) <u>Pneumonia Terminal</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>			<u>2 yrs</u>
		DUE TO (c) <u>Fractured R. Arm</u>			<u>3 wks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343 F</u>			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 Dec 1, 1952, to Apr. 2, 1953, that I last saw the deceased alive on Apr. 2, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Conrad M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>Apr. 3 '53</u>	
---	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columban cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Stuber</u> ADDRESS <u>Chillicothe, Mo.</u>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

Carroll

JUN 18 1953

**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 Donald Jordan

Licensed Embalmer No. 491

P. O. Address Phillips, 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.