

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22462**

FILED JUL 2-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5938** Registrar's No. **135**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY OR TOWN <b>Rural Jerome Burlington</b>	c. LENGTH OF STAY (In this place) <b>Walking</b>	c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco R.R. Bridge - Jerome</b>		e. STREET ADDRESS (If rural, give location) <b>2213 North 4th St. 0923</b>	

3. NAME OF DECEASED (Type or Print) <b>BETTY</b>	a. (First)	b. (Middle) <b>JEAN</b>	c. (Last) <b>CARRIGAN</b>	4. DATE OF DEATH <b>June 21, 1953</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>July 9, 1932</b>	9. AGE (In years last birthday) <b>20</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>Louisiana, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Jesse Potter</b>	13b. MOTHER'S MAIDEN NAME <b>Valma</b>	14. NAME OF HUSBAND OR WIFE <b>William Carrigan</b>
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 <b>William Carrigan</b> ADDRESS <b>St. Charles, MO</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, 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) <b>Rupture of Heart with massive hemorrhage into pericardium;</b>		<b>Instant.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Torn left atrium.</b>		
DUE TO (c) <b>Struck by railway locomotive</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>802X 35</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) <b>Accident.</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Railway bridge</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jerome Phelps Missouri</b>
21d. TIME OF INJURY <b>June 21, 1953 5:25AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by locomotive while walking across river bridge.</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased dead on **June 21, 1953**, and that death occurred at **5:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nadine L. Stoll</b> Registrar (Degree or title)	23b. ADDRESS <b>West 9th St., Rolla, Mo</b>	23c. DATE SIGNED <b>June 23, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>June 23, 1953</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Zull</b>	ADDRESS <b>Rolla, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed..... Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.