

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29612

State File No.

FILED SEP 15 1953

BIRTH NO.

REG. DIST. NO. 290

PRIMARY REG. DIST. NO. 5986

Registrar's No. 100

1. PLACE OF DEATH

a. COUNTY

Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Pulaski

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Swedeborg, Missouri

c. LENGTH OF STAY (In this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Swedeborg, Missouri

0850
0

d. FULL NAME OF HOSPITAL OR INSTITUTION None Tavern 2nd

d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED
(Type or Print)

a. (First)

William

b. (Middle)

Burdoine Carroll

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

Sept. 1, 1953

5. SEX

Male 0

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

May 26, 1868

9. AGE (In years last birthday)

85

UNDER 1 YEAR

Months

UNDER 12 HRS.

Days

UNDER 1 MIN.

Hours

Mins.

3

6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Swedeborg, Missouri 0

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

William Carroll

13b. MOTHER'S MAIDEN NAME

Elizabeth Salaman

14. NAME OF HUSBAND OR WIFE

Malinda Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Gertrude Hayes Swedeborg, Mo

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid 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.

MEDICAL CERTIFICATION

Pneumonia terminal

Hypertension

Artificial Schistosomiasis

INTERVAL BETWEEN ONSET AND DEATH

14-18 hrs

6 weeks

8 yrs

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

4500

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1953 to Sept 1, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 11:57 m., from the causes and on the date stated above.

23a. SIGNATURE

P. M. Miller 0

(Degree or title)

MD

23b. ADDRESS

Crocker, Missouri

23c. DATE SIGNED

Sept 2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Sept 13/53

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24d. LOCATION (City, town, or county)

Richland, Missouri

(State)

DATE REC'D BY LOCAL REG.

9-2-53

REGISTRAR'S SIGNATURE

E. M. Miller

FUNERAL DIRECTOR'S SIGNATURE

B. J. Hodges

ADDRESS

Hodges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 9-12-53
File Number

Putnam County Health Officer

RECEIVED

9-2-53

OCT 16 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clarence Shroet

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.