

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44873

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RED # 2</u> 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TONEY</u>		b. (Middle)	
c. (Last) <u>CARROL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8-23-1892</u>
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>4</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>CHAFFEE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>TAMMY CARROL</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE</u>	
14. NAME OF HUSBAND OR WIFE <u>NO RECORD IVA A. CARROL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>E</u>		16. SOCIAL SECURITY NO. <u>U</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ira Carol Chaffee</u>		ADDRESS <u>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 INFORMATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decapitated by shot Gun blast at close range</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>open verdict</u> <u>Coroner's jury</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1000</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>About 12 noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thelma C. Buckthorn, M.D. Health Officer III</u>		23b. ADDRESS <u>Benton, Mo</u>	
23c. DATE SIGNED <u>12-31-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>12-30-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROCKVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ROCKVIEW MO</u>	
DATE REC'D BY LOCAL REG. <u>1-4-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Paul Bishop</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Stubbins</u>		ADDRESS <u>Chaffee Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JAN 5 1954
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 154-34

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 _____

Paul J. Smith Student Embalmer No. 491
working under my personal supervision.

Student Paul J. Smith
Student Embalmer

Signed Paul J. Smith
Licensed Embalmer No. 2676

P. O. Address Owen, 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.

SCOTT COUNTY HEALTH CENTER
In Cooperation With
DIVISION OF HEALTH OF MISSOURI
P. O. BOX 191 PHONE 83
BENTON, MISSOURI

January 11, 1954

44873

Mr. Clyde Bridger, Director
Bureau of Vital Statistics
State Division of Health
Jefferson City, Missouri

Re: Death of Tony Carrol

Dear Mr. Bridger:

E9190
19

The Coroner's Jury returned an open verdict in this death. It was set up to look like suicide, but the entire top of the man's head was blown off by a shot gun. His brains were scattered all over the ceiling. The man was laying peacefully in the small kitchen with the gun resting up on his shoulder. The suppositions is that a gun that could do that much damage would have a kick sufficient to have sent it in the next room. Murder is suspected, but so far the thing simply rests as an open verdict.

Sincerely,

Thelma C. Buckthorpe

Thelma C. Buckthorpe, M. D.
County Health Officer
Scott County Health Department

TCB/mjf

Enc.

S-44873