

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16921

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 04

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richland, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richland, Missouri</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ella</b>	b. (Middle) <b>Olive</b>	c. (Last) <b>Carroll</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 2, 1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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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 <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Pulaski Co HazelGreen, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Warren Harris</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Jane Watson</b>	14. NAME OF HUSBAND OR WIFE <b>William B. Carroll</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cleveland Carroll</b> ADDRESS <b>Richland, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>old age</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer stomach</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201 H</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1946, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. J. Myers</b> (Deputy or title)	23b. ADDRESS <b>P.O. # Richland, Missouri</b>	23c. DATE SIGNED <b>6/5/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 6/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HazelGreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>HazelGreen, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-5-54</b>	REGISTRAR'S SIGNATURE <b>C. J. Anderson</b>	458	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home Richland, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 6-5-54  
File Number

Pulaski County Health Officer  
6-5-54

PULASKI

PULASKI

PULASKI

PULASKI

PULASKI

None

None

1954

June 5

Carroll

Oliver

Oliver

1

1

Jan 5, 1953

Witnessed

White

White

Pulaski Co. Health Officer, Mo. USA

None

None

William B. Carroll

Louise Lane Watson

Warren Harris

Pulaski Co. Health Officer, Mo.

None

None

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Paris, 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.

Hedges Funeral Home, Pulaski, Mo.