

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27125

State File No. _____

3162

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Kansas City</p>		c. LENGTH OF STAY (in this place) <p align="center">29 yrs</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1735 Highland</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. STREET ADDRESS (If rural, give location) <p align="center">1302 Campbell</p>				3146	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">STANLEY</p>			b. (Middle) <p align="center">JOHN</p>			c. (Last) <p align="center">CARROLL</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">July 1, 1954</p>				
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">Negro</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never Married</p>		8. DATE OF BIRTH <p align="center">Aug. 28, '17</p>			9. AGE (In years last birthday) <p align="center">36</p>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of the time if retired) <p align="center">Construction worker</p>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Springfield, Mo.</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		

13a. FATHER'S NAME <p align="center">John C. Carroll</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Susie Edna Robinson Johnson</p>			14. NAME OF HUSBAND OR WIFE <p align="center">---</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or date of service) <p align="center">Yes World War #2</p>			16. SOCIAL SECURITY NO. <p align="center">493-12-2633</p>			17. INFORMANT'S SIGNATURE OR NAME <p align="center">Susie E. Robinson</p>			ADDRESS <p align="center">1302 Campbell</p>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<p align="center">Multiple Stab Wounds of Aorta</p>							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <p align="center">Cardiac Tamponade</p>							
		DUE TO (c) <p align="center">Mediastinal Hemorrhage</p>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<p align="center">E983X</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p align="center">Homicide</p>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <p align="center">1735 Highland</p>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">Kansas City Jackson MO.</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center">July 1, 1954 10:15 P.M.</p>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">during Fight</p>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Deputy Coroner</p>			23b. ADDRESS <p align="center">1618 Lydia Ave</p>			23c. DATE SIGNED <p align="center">7/4/54</p>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">7-12-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">National Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Fort Leavenworth, Kans.</p>			

DATE REC'D BY LOCAL REG. <p align="center">7-8-54</p>		REGISTRAR'S SIGNATURE <p align="center">Seraldine Smith</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">E. Sterling Bills</p>			ADDRESS <p align="center">1212 Blvd R. C. Mo.</p>		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
I. M. Tillman

No. 300
10.48

FILED AUG 16 1954

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 *E. Sterling*.....

Licensed Embalmer No. *31*.....

P. O. Address *1212*.....

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.