

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31543

State File No. ....

BIRTH NO.:		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4436</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St Clair</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 2</u>	
a. STATE <u>Mo.</u>		b. COUNTY <u>St Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 2</u>	
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Clarence</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Carroll</u>		Date of Death: <u>Sept. 29 - 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 5 - 1882</u>	
9. AGE (In years) last birthday <u>72</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>St Clair County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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>—</u>			
13a. FATHER'S NAME <u>William Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia K. Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Carroll</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Carroll, Appleton City</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 CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Chronic Mononuclear hepatitis</u>				<u>2 yrs.</u>	
ANTECEDENT CAUSES		DUE TO (b)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		<u>Rheumatoid arthritis</u>				<u>20 yrs</u>	
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 checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
				<u>592 X</u>			
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 <u>April</u> , 1954, to <u>Sept</u> , 1954, that I last saw the deceased alive on <u>Sept 29, 1954</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. D. Shickman, M.D.</u>				23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>Oct 1 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 2 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Chas Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Janssen</u>		ADDRESS <u>Appleton City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1956  
NOV 5 1956

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.....  
Student Embalmer

Signed *Melvin L. Janssens*  
Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.