

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

State File No. **37127**

No. 300
10.48

FILED DEC 13 1954

132

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		- 2400	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Near Nursing Home. 14th & Main				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Simpson c. (Last) Carroll			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 15 1872	
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 7 Days 27		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroad Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William A. Carroll			13b. MOTHER'S MAIDEN NAME Hattie Ann Thomson			14. NAME OF HUSBAND OR WIFE Nellie W. Carroll	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bevera Helen New Hamilton ADDRESS Laurel New Hamilton La.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. OTHER OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 hour					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Nov 12th, 1954 , to Nov 12th, 1954 , that I last saw the deceased alive on Nov 12th, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Oliver F. Duffy M.D. (Degree or title)				23b. ADDRESS Trenton Mo.		23c. DATE SIGNED Nov. 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11/15/1954		24c. NAME OF CEMETERY, OR CREMATORY Laredo Cemetery		24d. LOCATION (City; town, or county); (State) Laredo Mo.	
DATE REC'D BY LOCAL REG. 11-15-54		REGISTRAR'S SIGNATURE Dorine Fair		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson		ADDRESS Funeral Home Laredo Mo	

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

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

J. M. Robertson

Licensed Embalmer No.

4398

P. O. Address

Laredo TX

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.