

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5737**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bozelle Mo</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry Co Memorial O</b>		e. STREET ADDRESS (If rural, give location) <b>Bloomdale Mo 0950</b>	

3. NAME OF DECEASED (Type or Print) <b>Josephine</b>			a. (First)	b. (Middle)	c. (Last) <b>CARRON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 19 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct 19 1902</b>			9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomdale Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Joseph B. Carron</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Borman</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Helary Carron</b>		ADDRESS <b>St. Genevieve Mo</b>	
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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) <b>Rheumatic Heart Disease</b>	II. OTHER SIGNIFICANT CONDITIONS			<b>6 mos.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES			<b>34 yrs.</b>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) <b>Rheumatic fever</b>			
	DUE TO (c) <b>-</b>			
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>-</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)
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 **6 Jan, 1955, to 19 Jan, 1955**, that I last saw the deceased alive on **13 Jan, 1955**, and that death occurred at **7:20pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Grayson, M.D.</b>		23b. ADDRESS <b>Perryville Mo</b>		23c. DATE SIGNED <b>FEB 19 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Philomena</b>	24d. LOCATION (City, town, or county) (State) <b>Bloomdale Mo</b>		

DATE REC'D BY LOCAL REG. <b>2/19/55</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>	250	25. FUNERAL DIRECTOR'S SIGNATURE <b>Genevieve Taylor</b>	ADDRESS <b>St. Genevieve Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Jerome J. Sauls*

Licensed Embalmer No. *381*

P. O. Address *See General*

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.