

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7985**

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4225		Registrar's No. 15					
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt							
b. CITY OR TOWN Oregon		c. LENGTH OF STAY (in this place) 48 yrs.		c. CITY OR TOWN Oregon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0449							
3. NAME OF DECEASED (Type or Print) Layina			a. (First)		b. (Middle) Carroll		c. (Last)				
4. DATE OF DEATH March 15, 1955			4. DATE OF DEATH (Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH March 30, 1877			
5. SEX Female		6. COLOR OR RACE White		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Forest city, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Stephen Grimes			13b. MOTHER'S MAIDEN NAME Laura Fellows			14. NAME OF HUSBAND OR WIFE Edwin O. Carroll					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mr. Edwin O. Carroll			ADDRESS Oregon Missouri		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident				INTERVAL BETWEEN ONSET AND DEATH 3 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Cerebro-thrombosis				3 days			
DUE TO (c) Arteriosclerotic hypertension				unbran				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 331 X						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)			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 July , 1954, to Mar 15 , 1955, that I last saw the deceased alive on Mar 15 , 1955, and that death occurred at 7 A. m. , from the causes and on the date stated above.											
23a. SIGNATURE Isaac F. Seweryn (Degree or title) M.D.					23b. ADDRESS Oregon, Mo			23c. DATE SIGNED 3-15-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Oregon			24d. LOCATION (City, town, or county) (State) Oregon, Missouri				
DATE REC'D BY LOCAL REG. 3-19-1955		REGISTRAR'S SIGNATURE James K. Pittman			25. FUNERAL DIRECTOR'S SIGNATURE James K. Pittman			ADDRESS Oregon, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 20 1959

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 James H. Pettijohn
Licensed Embalmer No. 3192
P. O. Address Oregon

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.