

FILED JUL 14 1955

STANDARD CERTIFICATE OF DEATH

State File No.

15795

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4418</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City (Rural)</u> <u>0930</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8 Miles S.E. Appleton City</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Carroll</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>17,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct:4, 1904</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John F. Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Ware</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW# 2</u>		16. SOCIAL SECURITY NO. <u>490-28-1376</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Carroll, Lowry City Missouri</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury internal, Run over by combine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by combine</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u> <u>3</u>				INTERVAL BETWEEN ONSET AND DEATH <u> Died on way to hospital</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Osceola, Osceola Twn, St. Clair CO</u> (COUNTY) (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-17-55 9:A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from tractor, run over by combi</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>6/17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/17</u> , 19 <u>55</u> , and that death occurred at <u>10:A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M.B. Jorman</u>				23b. ADDRESS <u>Lowry City, Mo.</u>		23c. DATE SIGNED <u>6/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-1-55</u>		REGISTRAR'S SIGNATURE <u>Paul H. Seavers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Goodson Funeral Home Osceola Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

930
3

APR 26 1953

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 Paul J. Stanton

Licensed Embalmer No. 3990

P. O. Address Oscoda mo

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.