

STANDARD CERTIFICATE OF DEATH

State File No. **25801**

*Bureau 49339-55*  
FILED AUG 22 1955  
REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **713**

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>11 Days</b>	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 <b>St. Johns Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2252 N. Campbell</b> <span style="float:right">03960</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DENNIS</b> b. (Middle) <b>LYNN</b> c. (Last) <b>CARROLL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 14, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5 August 1955</b>
9. AGE (In years last birthday) <b>0</b> Months <b>0</b> Days <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George W. Carroll</b>		13b. MOTHER'S MAIDEN NAME <b>Emogene Whittaker</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	
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) <b>Bronchopneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2d.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7635</b>	
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)		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 <b>8-5</b> , 19 <b>55</b> , to <b>8-14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8-14</b> , 19 <b>55</b> , and that death occurred at <b>11:00A.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Urban Busick MD</i> (Degree or title)		23b. ADDRESS <b>609 Cherry Springfield, Missouri</b>	
23c. DATE SIGNED <b>8-15-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-15-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CLEAR CREEK</b>	
24d. LOCATION (City, town, or county) (State) <b>GREENE Co. Mo.</b>		25. FURNERAL DIRECTOR'S SIGNATURE <i>J.W. Klingner &amp; Co.</i> ADDRESS <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-15-55</b>		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.