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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28659

State File No. ....

FILED AUG 26 1955  
BIRTH NO. 54408-55

REG. DIST. NO. 328

PRIMARY REG. DIST. NO. 3073

Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE	c. LENGTH OF STAY (in this place) 1 HR	c. CITY OR TOWN VANDUSER	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 329 W. PARKER		f. STREET ADDRESS (If rural, give location) VANDUSER	

3. NAME OF DECEASED (Type or Print) a. (First) JOSE b. (Middle) ANN c. (Last) CARROLL	4. DATE OF DEATH (Month) (Day) (Year) AUG. 12 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH AUG. 2 1955	9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CHAFFEE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JESSIE L. CARROLL	13b. MOTHER'S MAIDEN NAME LETHA FRAZIER	14. NAME OF HUSBAND OR WIFE
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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 ADDRESS JESSIE CARROLL VANDUSER, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 HRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RESPIRATORY PARALYSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC DECOMPENSATION 10 DAYS DUE TO (c) PREMATUREITY		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — 754A			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —
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22. I hereby certify that I attended the deceased from 8-12, 1955, to 8-12, 1955 that I last saw the deceased alive on 8-12, 1955, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mosebach, D.O.	23b. ADDRESS Chaffee, Mo	23c. DATE SIGNED 8-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY NEW MORLEY	24d. LOCATION (City, town, or county) (State) MORLEY MISSOURI
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DATE REC'D BY LOCAL REG. 8-19-55	REGISTRAR'S SIGNATURE M. Fred Buehler	445-2	25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith	ADDRESS ORAN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED AUG 22 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 855-177

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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 Earl J. Smith.....

Licensed Embalmer No. 2672

P. O. Address Quincy, Ill.

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.