

FILED MAR 8 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5801**BIRTH NO. **17391-56** REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4427** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville c. LENGTH OF STAY (in this place) 2 Days				c. CITY OR TOWN Crocker d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Waynesville General Hosp				e. STREET ADDRESS (If rural, give location) 0850			
3. NAME OF DECEASED (Type or Print)		a. (First) Donna		b. (Middle) Kay		c. (Last) Carroll	
4. DATE OF DEATH		(Month) 2		(Day) 29		(Year) 56	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2-27-56	
9. AGE (in years last birthday)		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 2		IF UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Crocker Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Snowden E. Carroll				13b. MOTHER'S MAIDEN NAME Norma Lee Stewart		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Snowden E. Carroll ADDRESS Crocker Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURE (7 MO) DUE TO (c) PLACENTA PRAVIA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7615				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-27 , 19 56 , to 2-29 , 19 56 , that I last saw the deceased alive on 2-29 , 19 56 , and that death occurred at 1:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John A. Zichewski				23b. ADDRESS Crocker Missouri		23c. DATE SIGNED 2-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-1-56		24c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery		24d. LOCATION (City, town, or county) (State) Hazelgreen Missouri	
DATE REC'D BY LOCAL REG. 2-29-56		REGISTRAR'S SIGNATURE Paula Mae Anderson		FEDERAL DIRECTOR'S SIGNATURE Billy J. Hedges		ADDRESS Hedges Funeral Homes Inc Crocker Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 3-3-56
File Number
Sealed County Health Officer
2-29-56

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed..... *Clarence Thross*

Licensed Embalmer No. *4896*

P. O. Address *Waymire*

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.