

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5902

State File No.

BIRTH NO. 17390-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Crocker</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 Days</u>		e. STREET ADDRESS (If rural, give location) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Waynesville General Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jimmy</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Carroll</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>2</u> <u>28</u> <u>56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-27 - 1956</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crocker Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Snowden E. Carroll</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Lee Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Snowden E. Carroll</u>	ADDRESS <u>Crocker Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature (7 mo.)</u> DUE TO (c) <u>placenta previa</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>7615</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u> <u>27</u> <u>1956</u> <u>9:00</u> m.	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 2-27, 1956, to 2-28, 1956, that I last saw the deceased alive on 2-28, 1956, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Mikalovich DO</u>	23b. ADDRESS <u>Crocker Missouri</u>	23c. DATE SIGNED <u>2-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelgreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hazelgreen Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-29-56</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	458	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar J. Hedges</u>	ADDRESS <u>Hedges Funeral Home Crocker MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

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 Grace*

Licensed Embalmer No. *489*

P. O. Address *Wagon*

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.