FILED MAY 14 1956

No. 200
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12511

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polo
d. STREET ADDRESS (If rural, give location): 0130

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Lucile
c. (Last): Carroll

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1956

5. SEX: Fem.
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 14 1882
9. AGE (In years last birthday): 73. IF UNDER 1 YEAR: Months 10 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Caldwell Co Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Henry Carroll
13b. MOTHER'S MAIDEN NAME: Mary Mumpower
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Miss Kora Carroll
ADDRESS: Polo 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153x
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) Polo (COUNTY) Caldwell (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Mar, 1955, *to* 4-28-56, 1956, *that I last saw the deceased alive on* 4-26-, 1956, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank R. Daley M.D. (Degree or title)
23b. ADDRESS: Hamilton, Mo.
23c. DATE SIGNED: 4/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-30-56
24c. NAME OF CEMETERY OR CREMATORY: Kingston
24d. LOCATION (City, town, or county): Kingston (State) Mo

DATE REC'D BY LOCAL REG.: May 5-56
REGISTRAR'S SIGNATURE: Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Alspaugh & Cowley
ADDRESS: Polo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Signed Erwin L. Dowdal

Student Embalmer

Licensed Embalmer No. 4924

P. O. Address Polo, Missouri

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.