

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14010

State File No.

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN MONROE CITY		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 St. Elizabeth Hospital				STREET ADDRESS (If rural, give location) 112 Lawn St			
3. NAME OF DECEASED (Type or Print) FELIX		a. (First) FELIX		b. (Middle) EDWARD		c. (Last) BENEDICT CARRICO	
4. DATE OF DEATH APRIL 30, 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT 13, 1878		9. AGE (In years last birthday) 77	
5. SEX MALE		6. COLOR OR RACE WHITE		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT (Ret)		11. BIRTHPLACE (City and State or Foreign Country) MONROE COUNTY, MO	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD CARRICO		13b. MOTHER'S MAIDEN NAME ELIZABETH LITTLE		14. NAME OF HUSBAND OR WIFE MARY HAGAN CARRICO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Lutea Carrico Monroe City Mo</i>			
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) <i>Thrombosis of abdominal aorta</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		451X	
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)		451X	
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 <i>Apr 28</i> , 19 <i>56</i> , to <i>Apr 30</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Apr 30</i> , 19 <i>56</i> , and that death occurred at <i>8:30 P.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>St. Francis</i>				23b. ADDRESS <i>St. Francis</i>		23c. DATE SIGNED <i>5-2-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1956		24c. NAME OF CEMETERY OR CREMATORY St Stephens Cemetery		24d. LOCATION (City, town, or county) (State) MONROE COUNTY, MO	
DATE REC'D BY LOCAL REG. <i>5-2-56</i>		REGISTRAR'S SIGNATURE <i>Dr. E. M. Ducke By W. J. Wilson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilson & Sons</i>		ADDRESS <i>Monroe City, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED MAY 11 1956
MARION CO. HEALTH DEPT.
DATE FILED MAY 11 1956

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Hiboy.....

Licensed Embalmer No. 3019

P. O. Address Blount City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.