

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21719

State File No. ....

XC-568 765  
Reg. 16201 SL-3348

318

1003

Registrar's No. 5432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SANGAMON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN SPRINGFIELD	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) 29 days		e. STREET ADDRESS (If rural, give location) n109 N. 7th Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) F.	c. (Last) CARRICO	4. DATE OF DEATH (Month) (Day) (Year) 6-5-56
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-3-91	9. AGE (In years last birthday) Months Days Hours Min. 64
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Proprietor	10b. KIND OF BUSINESS OR INDUSTRY HOTEL	11. BIRTHPLACE (City and State or Foreign Country) CONNELBURG, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE CARRICO	13b. MOTHER'S MAIDEN NAME MARY GOOTEE	14. NAME OF HUSBAND OR WIFE NONE
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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) YES WW II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	ADDRESS MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES DUE TO (b) DIABETIC GLOMERULOSCLEROSIS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		UNKNOWN
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA		UNKNOWN

19a. DATE OF OPERATION 5-15-56	19b. MAJOR FINDINGS OF OPERATION DIABETIC GANGRENE, RIGHT FOOT	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 260x
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 5-7-56, 19, to 6-5-56, 19, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE MURRAY M. BETT	23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 6/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-6-56	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery, Ind.
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DATE REC'D BY LOCAL REG. JUN 6 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Kirlin-Egan Funeral Home, Springfield, Illinois.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Illinois.

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 419  
P. O. Address St. Louis

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.