

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42210

FILED DEC 19 1956

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 5787 47

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>East Prairie</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>East Prairie</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>Route 2</u>		d. STREET ADDRESS (If outside, give location) Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Route 2</u>	

3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>Carrillo</u> Last <u>Carrillo</u>			4. DATE OF DEATH <u>Dec. 7, 1956</u> Month <u>Dec.</u> Day <u>7</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>About 1895</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
13. FATHER'S NAME <u>Unk.</u>			14. MOTHER'S MAIDEN NAME <u>Unk.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT Address <u>Mark Archie, R. 2, East Prairie, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shot gun wound left chest heart region</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>12 ga. shot gun fired by the hands of Willie Smith.</u>	
	DUE TO (c) <u>Willie Smith.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>981X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) <u>Shot by 12 ga. shot gun fired by the hands of Willie Smith</u>	
20c. TIME OF INJURY Hour <u>1:30 P.</u> Month <u>12/7/56</u> Day <u>12/7/56</u> Year <u>56</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Mississippi Co. Mo.</u>	

21. I attended the deceased from AS CORONER ONLY and last saw her/him alive on 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.  
Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. Travis Shelby, Coroner</u>		22b. ADDRESS <u>East Prairie, Mo.</u>		22c. DATE SIGNED <u>12-10-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 12, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Mrs. F. J. Sparks, Charleston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-13-56</u>	26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>
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(Licensed Embalmer's Statement on Reverse Side)

300  
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

97-0

RECEIVED  
Miss. Co. Health  
County File No. \_\_\_\_\_  
Date Filed 12-18

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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 W. W. Shelby, Jr.

Licensed Embalmer No. 119A

P. O. Address East Point

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