

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022878

STATE FILE NUMBER

FILED JUL 3 1958		Registration District No. 290		Primary Registration District No. 4428		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo 36				c. CITY OR TOWN Richland, Mo.			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.				Length of stay in lb 10 yrs.		d. STREET ADDRESS Rural Rt. # 2	
3. NAME OF DECEASED (Type or print) First Everett Middle Mack Last Carroll.				4. DATE OF DEATH Month June Day 21 , Year 1958			
5. SEX Female		6. COLOR OR RACE White.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14, 1898	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Richland, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME William B. Carroll.				14. MOTHER'S MAIDEN NAME Ollie. Ellen Harris.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 498-18-1338		17. INFORMANT Address Eva. Mae Carroll Richland, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331X DUE TO (c) 331X							INTERVAL BETWEEN ONSET AND DEATH 4 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 3:10 Month June Day 21 , Year 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 21-58 , to June 21-58 and last saw him alive on June 21-58 Death occurred at 3:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. S. Myers (Degree or title) D.O. 2				22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 6/22/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/22/58		23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery.		23d. LOCATION (City, town, or county) (State) Richland, Missouri	
24. EMBALMER'S NAME AND ADDRESS Hedges Funeral Home Richland, Mo				25. DATE RECD. BY LOCAL REG. 6-22-58		26. REGISTRAR'S SIGNATURE Eula Mae Anderson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Clarence Thorse*.....

Licensed Embalmer No. *4890*

P. O. Address *Waynesville*

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.