

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024273

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 10030 Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.			Length of stay in 1b 12 Days	d. STREET ADDRESS (If outside, give location) 306 Moore St.	
3. NAME OF DECEASED (Type or print) First Margaret Middle Marie Last Carroll			4. DATE OF DEATH Month 5 Day 30 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 10-16-1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Madrid Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Branum			14. MOTHER'S MAIDEN NAME Clara Bell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Clarence Carroll, Sikeston, 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) CER.-VASCULAR ACCIDENT (THROMB.)					INTERVAL BETWEEN ONSET AND DEATH 5 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					322X
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"/>
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 Month, Day, Year a. m. p. m.					
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 April 1958 to May 1958 and last saw her alive on 5-30-58 . Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl G. [Signature]			22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 5.31.58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-1-58	23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES		23d. LOCATION (City, town, or county) (State) SIKESTON MO
24. FUNERAL DIRECTOR ADDRESS Welch Funeral Home Sikeston Mo			25. DATE RECD. BY LOCAL REG. 7-3-58		26. REGISTRAR'S SIGNATURE Max E. Hunter

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

DATE RECEIVED 7-7-58

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 758-160

MS FEB 6 1959

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 Raymond Lewis

Licensed Embalmer No. 346

P. O. Address St. Keaton

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.