

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000529

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Bosworth</i> 0170
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Staton Clinic</i>		Length of stay in 1b <i>3 weeks</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>SUSAN FRANCES CARROLL</i>			4. DATE OF DEATH Month Day Year <i>Jan. 15 1959</i>		
--	--	--	---	--	--

5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 30-1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>9 15</i>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home maker</i>		11. BIRTHPLACE (City and state or country) <i>Miami Station, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	

13a. FATHER'S NAME <i>John Wesley Finley</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Naron</i>		14. NAME OF HUSBAND OR WIFE <i>Thos. W. Carroll</i>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Thomas W. Carroll Bosworth, Missouri</i>
---	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mys. Cardial Insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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.) <i>4222</i>
---	---

20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
---------------------------------------	--	------------------------------	--------	-------

21. I attended the deceased from <i>Nov. 6/58</i> to <i>Jan. 15/59</i> and last saw her alive on <i>Jan. 15/59</i> Death occurred at <i>5110 S. 10th</i> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deceased or title) <i>D. Hamilton Staton</i>	22b. ADDRESS <i>Carrollton, Mo.</i>	22c. DATE SIGNED <i>Jan 15/59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Wharton</i>	23b. DATE <i>Jan. 17-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wharton</i>	23d. LOCATION (City, town, or county) (State) <i>H.M. S. E. Bosworth Mo</i>
---	----------------------------------	--	--

24. FUNERAL DIRECTOR <i>Leipard-Edwards</i>	ADDRESS <i>Bosworth MO</i>	25. DATE RECD. BY LOCAL REG. <i>1-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Thos. Herbert Carroll</i>
--	-------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Rosworth Mo*

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.