ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001233
STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL, K.C.MO. — Length of stay in 1b: 18 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4043 Crestview Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First SAMUEL Middle WHITE Last CARROLL

4. DATE OF DEATH Month JANUARY Day 18, Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 11-26-97

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Advertising

11. BIRTHPLACE (City and state or country): Sanborn, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lewis Carroll

13b. MOTHER'S MAIDEN NAME: Ida White

14. NAME OF HUSBAND OR WIFE: Gwendolyn Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service) 10-7-18 To 12-21-18

16. SOCIAL SECURITY NO.: 487 05 5867

17. INFORMANT: Official records, VA Hospital, K.C. , Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	unknown
DUE TO (c)	Arteriosclerosis, generalized	unknown

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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from 12-31-58, to 1-18-59 and last saw him alive on

Death occurred at 3:59 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Snodgrass (Degree or title) M.D.

22b. ADDRESS V.A. Hosp. K.C. Mo

22c. DATE SIGNED 1-20-59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan 21-59

23c. NAME OF CEMETERY OR CREMATORY Mt Washington

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Goldsmith & Son, Indep. Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG. 1-20-59

26. REGISTRAR'S SIGNATURE neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. C. Snodgrass

c 994

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indep. 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.