

RL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033365

FILED VS SEP 29 1959

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pulaski Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> COUNTY <u>Pulaski Co</u> (commission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville, Mo.</u>		Length of stay in 1b <u>3 hrs.</u>		c. CITY OR TOWN <u>Waynesville, Mo.</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>None.</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Joyce</u> Middle <u>Elaine</u> Last <u>Carroll.</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>11.</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Aug 21/56</u>	9. AGE (last birthday) <u>3</u>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Waynesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Richard Carroll</u>			13b. MOTHER'S MAIDEN NAME <u>Judith Ann Feltner.</u>			14. NAME OF HUSBAND OR WIFE <u>None.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT <u>Judith Ann. Carroll</u> Address <u>Waynesville, 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>Respiratory failure</u> DUE TO (b) <u>Suffocation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>inside old discarded ice box.</u>					
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.) <u>Waynesville</u>		20f. CITY, TOWN, OR LOCATION <u>Waynesville</u>		COUNTY <u>Mo. Pulaski Co.</u>	STATE _____
21. I attended the deceased from <u>birth</u> to <u>Sept - 11-1959</u> and last saw her <u>born</u> alive on _____ Death occurred at <u>4:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Ink, full name) <u>J E Nickel D.D.</u>				22b. ADDRESS <u>Waynesville, Missouri</u>		22c. DATE SIGNED <u>9/12/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nedmore Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>			
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>		ADDRESS <u>Waynesville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Emilia Grace Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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