

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-035585

FILED VS OCT 19 1959 *77*

Registration District No. \_\_\_\_\_ Primary Registration District No. *3016* Registrar's No. *272*

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles E. Still Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1418 Dixon Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MRS. MARIE STANTON CARROLL</b>				4. DATE OF DEATH Month <b>October</b> Day <b>11</b> Year <b>1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-1-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b> Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	11. BIRTHPLACE (City and state or country) <b>Aleganie, Penn.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Francis E. Nettelton</b>			13b. MOTHER'S MAIDEN NAME <b>Adah Cubbison</b>		14. NAME OF HUSBAND OR WIFE <b>Boyd F. Carroll</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>440-550-454H</b>	17. INFORMANT Address <b>Mr. Boyd Carroll 1418 Dixon Dr. J.C., Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) <b>Vremia</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver</b> DUE TO (c) <b>Non specific Cause</b>							INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year _____							
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 <b>Jan 1-59</b> to <b>Oct 11-59</b> and last saw her <b>Oct 11-59</b> alive on <b>Aug 11-59</b> Death occurred on <b>Aug 11-59</b> at <b>7:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Victor Breucher</i> (Degree or title)			22b. ADDRESS <b>Jefferson City MO</b>			22c. DATE SIGNED <b>Aug 12-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem. &amp; Bur.</b>	23b. DATE <b>Oct. 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>				
24. FUNERAL DIRECTOR <b>Victor Breucher J.C. Mo</b>			ADDRESS	25. DATE REC'D BY LOCAL REG. <b>12 October 1959</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Davis, M.D. Richter</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 29 1960

MS JUL 20 1960

MS OCT 19 1959

MS MAR 28 1960

**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

*Victor Buesch*

Licensed Embalmer No.

370

P. O. Address

JCM

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.