

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026388

FILED VS AUG 15 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 186

NDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Length of stay in 1b		c. CITY OR TOWN UNION	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LADOISHA		Middle AN		Last CARROLL		Month AUG. Day 4 Year 1960	
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 MAY 16, 1901	
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 2 Days 18		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and state or country) OSAGE CO., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALLEN A. POSEY			13b. MOTHER'S MAIDEN NAME IDA BADE			14. NAME OF HUSBAND OR WIFE MR. CHARLES E. CARROLL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-20-3413		17. INFORMANT MR. CHARLES E. CARROLL R.R.# 1			
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) Uremia						30 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) terminal - Wilson's disease				10 years	
		DUE TO (c) Diabetes mellitus				40 years	
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 <input checked="" type="checkbox"/> male was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 8-2-60 to 8:4-60 and last saw her/him alive on 8/4/60 Death occurred at 11:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George C. Richardson M.D.				22b. ADDRESS Medical Arts Clinic, Union, Mo.		22c. DATE SIGNED 5 Aug 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 7, 1960		23c. NAME OF CEMETERY OR CREMATORY OWENSVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) OWENSVILLE, MO.	
24. FUNERAL DIRECTOR E. F. OLFMANN UNION, MO.				25. DATE RECD. BY LOCAL REG. 8/4/60		26. REGISTRAR'S SIGNATURE J.P. Schumann	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

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.