

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033641

STATE FILE NUMBER

FILED VS REGISTRATION DISTRICT NO. **373** AUG 9 1960

Primary Registration District No. **6769** Registrar's No. **36**

| | | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSARK TWP | | Length of stay in 1b 10 WKS | c. CITY OR TOWN MARSHFIELD | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3MI SOUTH EAST | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First SARAH Middle R Last CARROLL | | | 4. DATE OF DEATH Month AUG Day 12 Year 1960 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-1-1885 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A |
| 13a. FATHER'S NAME CHARNIE WILLIAMS | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | 17. INFORMANT Address ALICE WILSON KOKOMO, IND. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 | 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 1/10/60 to 8/12/60 and last saw her ^{her} _{him} alive on 8/11/60 Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE J. Steamer | | a. (Degree or title) MD. | 22b. ADDRESS Marshfield, Mo. | | 22c. DATE SIGNED 8/18/60 |
| 23a. BURIAL, CREMATION, or MOVAC (Specify) BURIAL | 23b. DATE 8-15-1960 | 23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD | | 23d. LOCATION (City, town, or county) MARSHFIELD MO (State) | |
| 24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD MO. | | 25. DATE RECD. BY LOCAL REG. 8-20-60 | 26. REGISTRAR'S SIGNATURE J. Steamer | | |

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

George Stapp

Licensed Embalmer No. 31261

P. O. Address W. J. Stapp

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