

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037282

FILED VS OCT 17 1960

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wood Twp</u>		Length of stay in 1b <u>8 months</u>	c. CITY OR TOWN <u>Mountain Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Star Rfd.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>North Star Rfd</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>James</u> Last <u>Carroll</u>			4. DATE OF DEATH Month <u>September</u> Day <u>30</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, and if retired, state it) <u>Engineer - Steel Mills</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Retired.)</u>	11. BIRTHPLACE (City, and state or country) <u>Knoxville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Thomas J. Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Clara N. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Violet J. Carroll</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.		17. INFORMANT <u>Mrs Violet J. Carroll, Mtn. Grove, 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>CORONARY OCCLUSION</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>0</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. <input type="checkbox"/> Yes <input 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 <u>3:00</u> a.m. <u>0</u> p.m.		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 <u>9-30-60</u> <u>3:00 P.</u> to <u>9-30-60</u> and last saw <u>her</u> <u>3:00 P.</u> <u>9-30-60</u> <u>and last saw him</u> alive on <u>9-30-60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R.G. Mitchem D.O.</u>			22b. ADDRESS <u>Mountain Grove, Mo.</u>		22c. DATE SIGNED <u>10-3-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Davenport, Iowa.</u>	
24. FUNERAL DIRECTOR <u>Barber Funeral Home, Mtn. Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-4-1960</u>		26. REGISTRAR'S SIGNATURE <u>Bernice L. Sherman</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1900

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. 3161
P. O. Address Mt. Grove,

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