

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 21 1960

**-60-041617**

ED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1135

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>Springfield</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>Burge- Protestant</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1825 N. Oak Grove</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>BRENDA</b> Middle <b>ELAINE</b> Last <b>CARROLL</b>			4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/29/60</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>11</b> Hours <b>11</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Lawrence Lee Carroll</b>	13b. MOTHER'S MAIDEN NAME <b>Freda Smoot</b>	14. NAME OF HUSBAND OR WIFE <b>1825 N. Oak Grove Spgfld, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Lawrence Carroll</b>

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) <b>CARDIAC FAILURE</b>		<b>12 HRS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CONGENITAL HEART DISEASE</b>	<b>11 DAYS</b>
	DUE TO (c) <b>ASPIRATION PNEUMONIA</b>	<b>12 HRS</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>THE GREAT VESSELS TRANSPOSITION OF</b>		PART III. If deceased was female 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 checked="" 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 <b>3:50</b> a.m. p.m.	Month, Day, Year <b>Nov 10, 1960</b>
---	---

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 <b>Springfield</b>	COUNTY <b>Greene</b>	STATE <b>Mo.</b>
--	--	--	-------------------------	---------------------

21. I attended the deceased from **BIRTH** to **Nov 10, 1960** and last saw her **Nov 10, 1960** alive on **Nov 10, 1960**  
Death occurred at **3:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Edgar L. Clayton M.D.</b> (Degree or title)	22b. ADDRESS <b>609 Cherry Springfield, Mo</b>	22c. DATE SIGNED <b>Nov 14, 1960</b>
--	---	---

23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <b>11/13/ 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
--	---------------------------------	--	--

24. FUNERAL DIRECTOR <b>Ralph Thieme</b>	ADDRESS <b>1200 Boonville Spgfld, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-16-60</b>	26. REGISTRARS SIGNATURE <b>Effie S. Melton</b>
---	--	---	--

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 Harold F. [Signature]

Licensed Embalmer No. 507

P. O. Address [Signature]

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