SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-022396
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6257

FILED JUL 13 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Sanganmon
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 620 Williams Blv'd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle M. Last CARROLL, Sr.
4. DATE OF DEATH: Month JULY Day 5 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 20, 1907
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assn't. to V.P. of Sales
10b. KIND OF BUSINESS OR INDUSTRY: Weaver Mfg. Co.
11. BIRTHPLACE (City and state or country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Richard Carroll
13b. MOTHER'S MAIDEN NAME: Katherine Bretz
14. NAME OF HUSBAND OR WIFE: Cleo W. Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW #2
17. INFORMANT: Cleo Carroll, 620 Williams Blv'd. Sprimgfield, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): COR PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CHRONIC PULMONARY EMPHYSEMA — 15 YEARS
DUE TO (c): 527.1
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 JUNE 29, 1961, to JULY 5, 1961 and last saw her/him alive on JULY 5, 1961
Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. R. Bradley MD (Degree or title): F. R. BRADLEY, M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 7/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 7-5-1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Illinois
24. FUNERAL DIRECTOR ADDRESS: Smith Funeral Home, Springfield, Ill.
25. DATE RECD. BY LOCAL REG.: JUL 5 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

JAN 11 1962

JUL 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.