

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029163

AMENDED

Registration District No. 149  
FILED SEP 13 1961

Primary Registration District No. 1002 Registrar's No. 4336

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>8 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>404 E 10</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WOODROW HAMILTON CARROLL</i>			4. DATE OF DEATH Month Day Year <i>8-29-1961</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Marital Status Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-22-1913</i>
9. AGE (last birthday) <i>48</i>		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) <i>Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <i>Hamilton, Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Clyde D. Carsee</i>	
13b. MOTHER'S MAIDEN NAME <i>Susie Grimm</i>		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) <i>yes WW2</i>		16. SOCIAL SECURITY NO. <i>und.</i>	17. INFORMANT <i>Manuela Carsee Childreese, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Spinal + subdural Haematoma</i> DUE TO (b) <i>Haematoma</i> DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pulmonary Edema</i>			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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Found on street unknown</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>8:2961</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		
20e. CITY, TOWN, OR LOCATION <i>Hamilton, Mo</i>			
20f. COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dwight A. Owens Coroner</i>		22b. ADDRESS <i>152 Union Station</i>	
22c. DATE <i>8-31-1961</i>		22d. DATE SIGNED <i>8-31-61</i>	
23a. FUNERAL, CREMATION, OR REMOVAL (Specify) <i>Funeral</i>		23b. NAME OF CEMETERY OR CREMATORY <i>Highland Cem.</i>	
23c. DATE <i>8-31-1961</i>		23d. LOCATION (City, town, or county) <i>Hamilton, Mo.</i>	
24. FUNERAL DIRECTOR <i>Graham Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>8-31-61</i>	
ADDRESS <i>Hamilton Mo</i>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF HIGH SHERIFF OWENS

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 R. C. Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.