MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043487
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 291

FILED JAN 11 1962

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b 4 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Co. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Warren
c. CITY OR TOWN Warrenton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sterling Middle Lee Last Carrico
4. DATE OF DEATH Month Dec. Day 30 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1-18-1882
9. AGE (last birthday) 79 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Warren Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Walter Phelix Carrico
13b. MOTHER'S MAIDEN NAME Mary Ellen Stone
14. NAME OF HUSBAND OR WIFE Mary Adeline Fine Carrico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Mrs. Fowler Cope, Warrenton, Mo

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 Congestion — INTERVAL BETWEEN ONSET AND DEATH 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Failure — 1-2 months
DUE TO (c) Coronary arteriosclerosis — 5-6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis
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 4-25-58, to Dec 30-61 and last saw her/him alive on Dec 30-61
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold J. Lankford MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 1-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery
23d. LOCATION (City, town, or county) Warrenton (State) Mo.

24. FUNERAL DIRECTOR F.W. Nieburg & Co. ADDRESS Warrenton, Mo
25. DATE RECD. BY LOCAL REG. JAN. 2-1962
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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 John E. Herlinger

Licensed Embalmer No. 4409

P. O. Address Warrenton

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.