

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028007

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 264 Primary Registration District No. 4395 Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0770
2 0770-

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9 420.1

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12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gainesville		Length of stay in 1b 8 mo's	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Main Street	
3. NAME OF DECEASED (Type or print) First Lillie Middle B. Last Carroll		4. DATE OF DEATH Month 7 Day 28 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-26-89
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME W. H. Holstine		11b. MOTHER'S MAIDEN NAME Clara Ervin	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		14. NAME OF HUSBAND OR WIFE George Carroll	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis + Hypertension		INTERVAL BETWEEN ONSET AND DEATH 17 hours	
DUE TO (c)		5 years	
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Gainesville, Mo.	
21. I attended the deceased from 11/28/1961 to 7/28/62 and last saw her/him alive on 7/28/62		21. I attended the deceased from 11/28/1961 to 7/28/62 and last saw her/him alive on 7/28/62	
22a. SIGNATURE M J Sherman (Degree or title)		22b. ADDRESS DO Gainesville, Mo.	
22c. DATE SIGNED 7/31/62		22d. LOCATION (City, town, or county) Ozark Co. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-1-62	23c. NAME OF CEMETERY OR CREMATORY Faye	
24. FUNERAL DIRECTOR Clin Kingbeard, Gainesville, Mo.		25. DATE RECD. BY LOCAL REG. 8-9-65	
26. REGISTRAR'S SIGNATURE Lou Anna Wade		26. REGISTRAR'S SIGNATURE Lou Anna Wade	

USE BLACK INK OR TYPEWRITER RIBBON

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 R. Uwey

Licensed Embalmer No. 4885

P. O. Address Hamoville, 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.

Not permit obtained