

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033210

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waynesville</u>		c. CITY OR TOWN <u>Dixon</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Pulaski Co. Gen. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Dixon, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Marion</u> Last <u>Carroll</u>		4. DATE OF DEATH Month <u>8</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5/3/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer--Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
13a. FATHER'S NAME <u>John Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hull</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-18-1059</u>	
17. INFORMANT <u>Mrs. John M. Carroll, Dixon, Missouri</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Carroll</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PRIMARY CARCINOMA OF PROSTATE</u> DUE TO (b) <u>SECONDARY " OF LIVER</u> DUE TO (c) <u>7 MO.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>✓</u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>8 MO.</u> <u>7 MO.</u>	
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.) <u>✓</u>		20c. TIME OF INJURY Hour <u>7:30</u> a.m. <u>10</u> p.m. Month, Day, Year <u>8-12-63</u>	
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.) <u>Dixon, Missouri</u>	
21. I attended the deceased from <u>8-11-63</u> to <u>8-12-63</u> and last saw her alive on <u>7:00 AM 8-12-63</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree of title) <u>John A. Michalewicz MD</u>	
22b. ADDRESS <u>Dixon, Missouri</u>		22c. DATE SIGNED <u>8-14-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/15/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-63</u>	
26. REGISTRAR'S SIGNATURE <u>Anna Jean Anderson</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

AUG 29 1963

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Prison, 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.