

S. No. 300  
11. 10. 48

RECEIVED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34791

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 21

0423

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Urich Missouri</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun</b>		0423
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No Highway no 35 near Urich</b>			d. STREET ADDRESS (If rural, give location) <b>None</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lyle</b>		b. (Middle) <b>Edward</b>	c. (Last) <b>Carroll</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 26 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>4-2-1918</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Days <b>6</b> Hours <b>24</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Calhoun Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Milton</b>		13b. FATHER'S MAIDEN NAME <b>Laura Etta Sheard</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>487-01-0030</b>	17. I.D. NO. <b>Wm Carroll Carroll</b>	ADDRESS <b>Calhoun Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRACTURED CERVICAL VERTEBRAE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY 35</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>DITCH HENRY MO.</b>		<b>5 MI. EAST OF</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>OCT. 26 1952 7:30 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>AUTO ACCIDENT</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD. Coroner</b>		23b. ADDRESS <b>Clinton, Mo</b>		23c. DATE SIGNED <b>26 OCT. 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>10-28-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Calhoun Mo</b>		
DATE REC'D BY LOCAL REG. <b>Oct-28-52</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	-422	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rich Wilkerson</b>	
				ADDRESS <b>Clinton</b>	

FEB 1 8 1953

APPLICANT'S SIGNATURE OR NAME  
*[Handwritten Signature]*  
APPLICATION

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 .....

Student Embalmer

Signed *Fred Wilkinson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.