

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 278 STATE FILE NUMBER _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 26 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Henry</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deer Creek Twp</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>
Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Calhoun</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR 1</u>	d. STREET ADDRESS (If outside, give location) <u>Deer Creek Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Laura</u> Middle <u>Etta</u> Last <u>Carroll</u>	4. DATE OF DEATH Month <u>Nov</u> Day <u>17</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-Sept 1869</u> 9. AGE (last birthday) <u>93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Calhoun Mo</u>
11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>George A Shepherd</u>	13b. MOTHER'S MAIDEN NAME <u>Rosanna Sanders</u>
14. NAME OF HUSBAND OR WIFE <u>Milton Carroll</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>None</u>	17. INFORMANT <u>Claude W Carroll</u> Address <u>Calhoun Mo</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>Pulmonary Edema</u>	INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Medullary Failure</u>	<u>7 hrs</u>
DUE TO (c) <u>Cerebrovascular Thrombosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis - Complete Heart Block</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year	
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 COUNTY STATE	
21. I attended the deceased from <u>1-1-60</u> to <u>11-17-62</u> and last saw her/him alive on <u>11-17-62</u>	
Death occurred at <u>6:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Clinton L. Glaspy DO</u>	22b. ADDRESS <u>Clinton, Mo.</u>
22c. DATE SIGNED <u>11-19-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/19/62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning FH</u> ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 20, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

5-102-11.2
Main

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton ms

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.

Permit Obtained 11/20/62 (M.B.)