

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0041009

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 305

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1966

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Calhoun</u>	
Length of stay in 1b <u>7 Day,s</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Calhoun</u>	
3. NAME OF DECEASED First Middle Last <u>George Thomas Carroll</u>		4. DATE OF DEATH Month Day Year <u>Oct 13 66</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>12-22-89</u>
9. AGE (last birthday) <u>76</u>		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) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>	
11. BIRTHPLACE (City and state or country) <u>Lewis Sta Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>James M Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Laura E Shepard</u>	
14. NAME OF HUSBAND OR WIFE <u>Blanche 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>490-05-8779</u>		17. INFORMANT <u>Lee Walton 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>Medullary Paralysis</u> DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Myocardial Insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Chronic Pulmonary Emphysema; Co pulmonale</u>		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 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.)		INTERVAL BETWEEN ONSET AND DEATH	
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>1962</u> to <u>10-18-66</u> and last saw her alive on <u>10-13-66</u>		Death occurred at <u>2:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>C. L. Glespy</u>		22b. ADDRESS <u>Clinton Mo</u>	
22c. DATE SIGNED <u>10/13/66</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-15-66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>	
23d. LOCATION (City, town, or county) <u>Calhoun</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sickman & Dunning Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct-18-1966</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

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FILED OCT 1968

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 R. P. Dunning

Licensed Embalmer No. 4510

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 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 10-18-68 (R.P.)