

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33101

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4177 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dekalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarkdale</u>		c. TOWN (If outside corporate limits, write RURAL and give township) <u>Clarkdale</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <u>Ethel</u> b. (Middle) <u>mae</u> c. (Last) <u>Carroll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>May 26 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
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 _____		11. BIRTHPLACE (State or foreign country) <u>Dekalb Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wm Pully</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alice Pully</u>	
14. NAME OF HUSBAND OR WIFE <u>Otto Carroll</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Otto Carroll</u>		ADDRESS <u>Clarkdale</u>			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of ovary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>				<u>1757</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from July 3, 1950, to Oct 16, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Sweizer</u> (Degree or title) <u>U.D.</u>		23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>10-21-50</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>0</u>		24b. DATE <u>Oct 18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>10-23-50</u>		REGISTRAR'S SIGNATURE <u>Harold Darr</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Marionville</u>			



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.

Signed _____

John Brown

Licensed Embalmer No. *3933*

P. O. Address *Mayville, Mo*

Signed _____
Student Embalmer

Student Embalmer

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.