

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15246

FILED MAY 12 1951

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. LENGTH OF STAY (In this place) 12 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo 10-3		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp			d. STREET ADDRESS (If rural, give location) 505 Rear N. Ranney Sikeston, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Rosie b. (Middle) Carroll c. (Last) Carroll			4. DATE OF DEATH (Month) (Day) (Year) 4 10 1951		
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 21 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 11 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Unknown Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Davis Sikeston, Mo		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar			
		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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **4-9**, 19**51**, to **4-10**, 19**51**, that I last saw the deceased alive on **4-10**, 19**51**, and that death occurred at **6:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Hienstedt M.D.		23b. ADDRESS 505 Rear N Ranney	23c. DATE SIGNED 4-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/51	24c. NAME OF CEMETERY OR CREMATORY Sun Set Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Mo

DATE REC'D BY LOCAL REG. Apr 28-51	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	FEDERAL DIRECTOR'S SIGNATURE Harry Jones Sikeston, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED MAY 7 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 551-101

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 John Alliston

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.