

FILED JUN 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 16268

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 120460

1. PLACE OF DEATH
a. COUNTY **HOWELL** 0460
b. CITY (If outside corporate limits, write RURAL and give township) **Willow Springs**
c. LENGTH OF STAY (in this place) **4 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **HOWELL**
c. CITY (If outside corporate limits, write RURAL and give township) **Willow Springs**
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) **DAVID** b. (Middle) **PAUL** c. (Last) **CARROLL**

4. DATE OF DEATH (Month) (Day) (Year)
May 21, 1952

5. SEX **Male** 6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **0**

8. DATE OF BIRTH **Sept 14, 1947**

9. AGE (In years) (Months) (Days) (Hours) (Min.)
4 8 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **HUTTON VALLEY, Mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Carroll**

13b. MOTHER'S MAIDEN NAME **ROXIE York**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

(If yes, give war or dates of service) **NONE**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. John Carroll Willow Springs

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Endocarditis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chronic tonsillar infection**
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Unknown

unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **5100**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 14, 1952**, to **May 21, 1952**, that I last saw the deceased alive on **May 17, 1952**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thomas T. Francisco D.O.**

23b. ADDRESS **Willow Springs Mo.**

23c. DATE SIGNED **5-25-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **5-25-52**

24c. NAME OF CEMETERY OR CREMATORY **City Cemetery**

24d. LOCATION (City, town, or county) (State) **Willow Springs Mo.**

DATE REC'D BY LOCAL REG. **May 31, 1952**

REGISTRAR'S SIGNATURE **Marshall Ballou Burns**

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS **Willow Springs, Mo.**

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Fred W. Barnes*

Signed
Student Embalmer

Licensed Embalmer No. *4619*

P. O. Address *Willow Springs, 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.