

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30775**

FILED AUG 18 1953

BIRTH NO. _____

REG. DIST. NO. **337**

PRIMARY REG. DIST. NO. **4499**

Registrar's No. **73**

I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Shelby</u>		a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Charles</u> b. (Middle) <u>L.</u> c. (Last) <u>Carroll</u>			<u>Aug. 4 1953</u>
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>March 6 - 1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		9. AGE (In years last birthday) <u>70</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County Mo</u>	
13a. FATHER'S NAME <u>Pleasant A. Carroll</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13b. MOTHER'S MAIDEN NAME <u>Francis Board</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Bell Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Floyd Todd Shelbina, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS _____	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES (b) <u>Hypertension, B.A. Essential</u>		_____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) _____		_____	
11. 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"/>		332X	
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 <u>March 1953</u> , to <u>Aug. 4, 1953</u> that I last saw the deceased alive on <u>Aug 4, 1953</u> , and that death occurred at <u>8:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.A. Behelevitch, D.O.</u>		23b. ADDRESS <u>Shelbina Mo</u>	
23c. DATE SIGNED <u>8-8-53</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 6 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bacon Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-13-53</u>		REGISTRAR'S SIGNATURE <u>R. Garrison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Thompson</u>		ADDRESS <u>Shelbyville Mo.</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.....

..... *Myself*

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *E. P. Bernier*

Licensed Embalmer No. *1632*

P. O. Address *Sheltonville, Mo.*

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

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