

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28813

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7510

| | | | | | |
|---|------------------------|--|-----------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo Baptist | | e. STREET ADDRESS (If rural, give location) 17 3803 Russell 2179 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) K c. (Last) Carrothers | | 4. DATE OF DEATH | | 5. DATE (Month) (Day) (Year) Aug 12 54 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH May 18, 1918 | |
| 9. AGE (In years less birthday) 36 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY American Car Co | | 11. BIRTHPLACE (City and State or Foreign Country) Northwood Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME Chester Carrothers | | 13b. MOTHER'S MAIDEN NAME Ethel Paley | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.2 | | 16. SOCIAL SECURITY NO. Unk | |
| 17. INFORMANT'S SIGNATURE OR NAME Ethel Carrothers | | ADDRESS 3803 Russell | | | |
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 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 12 hours |
| 19a. DATE OF OPERATION 1 Mon | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) m | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) m | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) m 4201 | |
| 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 m | |
| 22. I hereby certify that I attended the deceased from 8/11, 1954, to 8/12, 1954, that I last saw the deceased alive on 8/11, 1954 and that death occurred at 11 P. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Preston C. Hall M.D. | | (Degree or title) | | 23b. ADDRESS 3902 a Lafayette | |
| 23c. DATE SIGNED 8/13/54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8-13-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) Ridgeway Iowa | | (State) | |
| DATE REC'D BY LOCAL REG. AUG 13 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington | |

(Licensed Embalmer's Statement on Reverse Side)

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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *Paris*

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.