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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13891**

BIRTH NO. _____ REG. DIST. NO. **176** PRIMARY REG. DIST. NO. **5654** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Lincoln		c. LENGTH OF STAY (in this place) 20 yrs	c. CITY OR TOWN Miller
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) R.F.D. #1 0550	

3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Bebb c. (Last) Carroll	4. DATE OF DEATH (Month) (Day) (Year) 4-13-1956
5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-15-1886
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 48 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harm laborer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? Native

13a. FATHER'S NAME David Carroll	13b. MOTHER'S MAIDEN NAME Mandy Bradshaw	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Sarah Carroll Miller Mo.	ADDRESS Miller Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-13, 1956**, to **4-13, 1956**, that I last saw the deceased alive on **4-13, 1956**, and that death occurred at **10:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. S. Burney M.D. (Degree or title)	23b. ADDRESS Miller Mo.	23c. DATE SIGNED 4-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-1956	24c. NAME OF CEMETERY OR CREMATORY Thomas	24d. LOCATION (City, town, or county) (State) S.W. of Miller Mo.
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DATE REC'D BY LOCAL REG. 4-18-56	REGISTRAR'S SIGNATURE W. S. Burney	25. FUNERAL DIRECTOR'S SIGNATURE Monna Jerman Miller Mo.	ADDRESS Miller Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. P. Seiman.....

Licensed Embalmer No...329...

P. O. Address Miller.....

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.