

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30254**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **56-59**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Lockwood		c. LENGTH OF STAY (In this place) 15 days	c. CITY OR TOWN Greenfield
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS N. State Street		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) - c. (Last) Carroll			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Feb. 22, 1872		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Nathan Amos Carroll		13b. MOTHER'S MAIDEN NAME Edith Ann Fields		14. NAME OF HUSBAND OR WIFE -	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 497-12-8850		17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Higgins, Sr.	
ADDRESS Greenfield, Mo.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast (Primary) Carcinoma of Stomach (Primary)		INTERVAL BETWEEN ONSET AND DEATH 1 yr +	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 Jan 25, 1956		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast Carcinoma of Stomach		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) 170X	
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 **Oct 29, 1955**, to **Sept 25, 1956**, that I last saw the deceased alive on **Sept 25, 1956**, and that death occurred at **7:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. C. Canada		(Degree or title) _____		23b. ADDRESS Greenfield, Mo.	
				23c. DATE SIGNED 10-2-56	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-27-1956		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.	
				24d. LOCATION (City, town, or county) (State) Greenfield, Mo.	

DATE REC'D BY LOCAL REG. 10-2-56		REGISTRAR'S SIGNATURE J. C. Canada		FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	
				ADDRESS Greenfield, Mo.	

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

476

FEB 25 1903
MKT

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.....

Licensed Embalmer No. 4196

P. O. Address Greenfield,

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.