

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11848

STATE FILE NUMBER

FILED MAR 19 1957

360

3076

Registrar's No. 50

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Vernon		a. STATE Missouri	b. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 W. WALNUT	Length of stay in lb 45 yrs.	d. STREET ADDRESS (If outside, give location) 1706 N. Washington	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Daniel	Middle Allen	Last CARRELL	Month Feb.	Day 27 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1877	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Pettis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Wm. H. Carrell		14. MOTHER'S MAIDEN NAME Nancy J. Cox		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mable Carrell Address 1706 N. Washington	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH Immediate
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 1952 to Jan. 8, 1957 and last saw him alive on 1-8-57		
Death occurred at 3:49 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE F. L. Maxfield M.D. (Degree or title)	22b. ADDRESS 218 E. Hunter Nevada, Mo.	22c. DATE SIGNED 3-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3 MARCH	23c. NAME OF CEMETERY OR CREMATORY OAK PARK	23d. LOCATION (City, town, or county) (State) Butler, Mo.
24. FUNERAL DIRECTOR Richard L. Shover ADDRESS NEVADA, MO.		25. DATE RECD. BY LOCAL REG. 3-12-57	26. REGISTRAR'S SIGNATURE Anna S. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
 S. 300
 7. 1-56
 securing the medical certification in the specific manner required by 193.140 words 1957.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

451-0

APR

4 1957

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 *Lloyd C. McLeod*.....

Licensed Embalmer No. *485*.....

P. O. Address *Nevada*.....

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.