

Health, Welfare Public Service

300 1-57

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-20986
STATE FILE NUMBER
2687

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2687

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb 54 yrs	d. STREET ADDRESS (If outside, give location) 1218 Brush Creek Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) FRANCIS XAVIER CARROLL			4. DATE OF DEATH Month 6 Day 6 Year 1957		
First	Middle	Last			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Patrick J. Carroll	13b. MOTHER'S MAIDEN NAME Sarah T. O'Malley	14. NAME OF HUSBAND OR WIFE Sallie E. Carroll
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 487-05-2710	17. INFORMANT Address Mrs. Sallie E. Carroll, 1218 Brush Creek
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHOIC DISEASE		INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	201X
	DUE TO (c)	
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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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
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21. I attended the deceased from **April 1, 1955** to **6-6-57** and last saw her alive on **6-6-57**
Death occurred at **6-6-57** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. C. Quistgard M.D.	22b. ADDRESS 6946 Prospect K.C. Mo	22c. DATE SIGNED 6-7-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-8-57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home	ADDRESS 1800 E. Linwood, K. C., Mo.	25. DATE RECD. BY LOCAL REG. 6-8-57	26. REGISTRAR'S SIGNATURE Iva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

P.C. Quistgard USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Junitgard
6741 Prospect
Ja 3-4793

11-4 PM

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 Melvin Sartau

Licensed Embalmer No. 4903

P. O. Address Keno

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.