

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Start File No. **58-022677**

FILED JUL 14 1958

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural New Madrid		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN New Madrid ⁰⁷²⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		No. 1 STREET ADDRESS (If rural, give location) Rural New Madrid township	

3. NAME OF DECEASED (Type or Print) a. (First) Cecil	b. (Middle) Wayne	c. (Last) Caroll	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1903	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 8	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New Madrid County Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Caroll	13b. MOTHER'S MAIDEN NAME Eddie Powell	14. NAME OF HUSBAND OR WIFE Florence Caroll
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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. 702-12-7167	17. INFORMANT'S SIGNATURE OR NAME Florence Caroll, New Madrid, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input 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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles C. Decker MD	(Degree or title) MD	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED 11/9/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 18, 1958	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) New Madrid, Missouri
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DATE REC'D BY LOCAL REG. 23 June 58	REGISTRAR'S SIGNATURE Jay Kuldgeith	25. FUNERAL DIRECTOR'S SIGNATURE Richards (read) Co New Madrid, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14 1958

DATE RECEIVED JUL 7 1958
NEW MADRID CO. HEALTH CENTER
E. S.

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid

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.