

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031563
STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 370 Primary Registration District No. 6257 Registrar's No. 101

300
1-57

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wappapello Twmsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 0124
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wappapello Lake		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) N. Grand
3. NAME OF DECEASED (Type or print) First Middle Last Cleveland Hoyt Carroll			4. DATE OF DEATH Month Day Year Aug. 19, 1958
5. SEX Male e	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 May 23, 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 38
11. BIRTHPLACE (City and state or country) Cullman, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Luther Carroll		13b. MOTHER'S MAIDEN NAME Ruby Simmons	14. NAME OF HUSBAND OR WIFE Bessie Uhl Carroll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 500-30-9566	17. INFORMANT Mrs. C. Hoyt Cleveland, Poplar Bluff, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 850X/42			INTERVAL BETWEEN ONSET AND DEATH Unknown
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 checked="" 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.) Boat accident	
20c. TIME OF INJURY Hour Month, Day, Year 2:45 a.m. Aug 19, 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wappapello, Mo	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Wappapello Wayne Mo.	
21. I attended the deceased from Death occurred at 2:45 A. to and last saw her alive on			
22a. SIGNATURE Marvin E. Bowles Coroner		22b. ADDRESS Piedmont, Mo	22c. DATE SIGNED Aug 22, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-21-58	23c. NAME OF CEMETERY OR CREMATORY City Cem.
23d. LOCATION (City, town, or county) Poplar Bluff, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 26, 1958	26. REGISTRAR'S SIGNATURE Gretta M. Ward

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 29 1958

SEP 10 1958

FILE NO.

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 *Charles W. Green*
Licensed Embalmer No. *2964*
P. O. Address *Peplaw St*

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.