

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003794-

STATE FILE NUMBER

JAN 19 1959

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

93

300
-157

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maplewood 4534 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 Hospital		Length of stay in lb DoA	d. STREET ADDRESS (If outside, give location) 7258 Lyndover Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Vollie Middle Woodson Last Carroll			4. DATE OF DEATH Month Jan. Day 8, Year 1959		
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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 Jan. 1, 1906	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Amy, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Carroll	13b. MOTHER'S MAIDEN NAME Zellie Sharp	14. NAME OF HUSBAND OR WIFE Gineth
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no. or unknown) (If year, give war or dates of service) No. WWII.	16. SOCIAL SECURITY NO. 333-03-7526	17. INFORMANT Gineth Carroll, 7258 Lyndover, Maplewood, Mo.
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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) Unknown Material Cause		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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"/>
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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.) 7954
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month _____ Day _____ Year _____
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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 801 So. Brentwood, Clayton	COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3: P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deceased or title) John C. Murphy, M.D. Acting Health Comm.	22b. ADDRESS 801 So. Brentwood, Clayton	22c. DATE SIGNED 5
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-9-59	23c. NAME OF CEMETERY OR CREMATORY LOCAL	23d. LOCATION (City, town, or county) (State) West Plains, Missouri.
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24. FUNERAL DIRECTOR Albert H. Honde 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 1-9-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Stanley H. Dixon*
Licensed Embalmer No. *4193*
P. O. Address *St. R.*

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.