

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008588...

FILED MAR 30 1959

Registration District No. 46

Primary Registration District No. 4065

STATE FILE NUMBER 9

Registrar's No. 9

Health, Welfare, Public Service

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Caldwell</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Polo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Polo</i> <i>CI 30 0</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>✓</i>		Length of stay in 1b	d. STREET ADDRESS <i>✓</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Kora</i> Middle <i>Jesse</i> Last <i>Carroll</i>			4. DATE OF DEATH Month <i>3</i> Day <i>16</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>wh.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 26 - 1879</i>		9. AGE (In years last birthday) <i>79</i>
10a. OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeper</i>	11. BIRTHPLACE (City and state or country) <i>Caldwell Co Mo.</i>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Henry Carroll</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Mumpower</i>		14. NAME OF HUSBAND OR WIFE <i>✓</i>	
15. WAS DECEASED MEMBER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT <i>Mrs Alta Vick Polo Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic C.V. Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
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"/>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <i>Hamilton Caldwell Mo.</i>		
21. I attended the deceased from <i>1950</i> to <i>3-16-59</i> and last saw her alive on <i>3-15-59</i> Death occurred at <i>5:45 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank R. Daley MD</i>			22b. ADDRESS <i>Hamilton, Mo.</i>		22c. DATE SIGNED <i>3-17-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<i>Burial</i>		<i>3-18-1959</i>	<i>Kingston</i>		<i>Kingston Mo</i>
24. FUNERAL DIRECTOR <i>Alsbaugh + Cowley Polo Mo</i>			25. DATE RECD. BY LOCAL REG. <i>Mar 25-59</i>	26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature referring to the symptoms and 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 *Erwin J. Douglas* .....

Licensed Embalmer No. *4974* .....

P. O. Address *Polo, Mo.* .....

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.