

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-002871**

STATE FILE NUMBER

Registration District No. 281 Primary Registration District No. 3648 Registrar's No. 10

AMENDED

**FILED JAN 15 1962**

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Holt</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>Maitland</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Carroll</u> Last <u>Carroll</u>		4. DATE OF DEATH Month <u>1</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-1878</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Veterinarian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinarian</u>	11. BIRTHPLACE (City and state or country) <u>Reardon, Ia</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Christopher Carroll</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Calvin Pickens</u> Address <u>Maitland Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>inst</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro-vascular arteriosclerosis</u>			<u>10 yrs</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>          </u> a.m. <u>          </u> p.m.	Month, Day, Year <u>          </u>		
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
21. I attended the deceased from <u>9/8/61</u> to <u>1/4/62</u> and last saw her/him alive on <u>1/3/62</u> Death occurred at <u>          </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>          </u> (Degree or title)		22b. ADDRESS <u>Maryville</u>	22c. DATE SIGNED <u>1/4/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bural</u>	23b. DATE <u>1-8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem-</u>	23d. LOCATION (City, town, or county) (State) <u>Oakland-Iowa-</u>
24. FUNERAL DIRECTOR <u>          </u> ADDRESS <u>          </u>	25. DATE RECD. BY LOCAL REG. <u>1-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 George M. Oltusis

Licensed Embalmer No. 5114

P. O. Address Marysville

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.