

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3554**

No. 200 FILE
10.48
JAN 12 1952

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY ST. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE	
b. CITY OR TOWN RURAL JACKSON	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN RURAL JACKSON TS. 0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION BLOOMSDALE MO		d. STREET ADDRESS (If rural, give location) BLOOMSDALE MO	

3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) ALEXIS c. (Last) CARRON			4. DATE OF DEATH JAN 7 1951 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 21 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) U. S. A.	

13a. FATHER'S NAME ALEXIS CARRON		13b. MOTHER'S MAIDEN NAME JAKUBKA SCHILLY		14. NAME OF HUSBAND OR WIFE THERESA ROTH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carol Carron Bloomsdale Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of the LIVER		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Chr. myocarditis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **Dec 17**, 19**51** to **Dec 12**, 19**51**, that I last saw the deceased alive on **Dec 12**, 19**51**, and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy Bolger, M.D. (Degree or title)		23b. ADDRESS Festus, Mo		23c. DATE SIGNED Jan 8, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 9 1952		24c. NAME OF CEMETERY OR CREMATORY ST. PHILomena	
		24d. LOCATION (City, town, or county) BLOOMSDALE MO		(State) MO	

DATE REC'D BY LOCAL REG. Jan 9 - 1952		REGISTRAR'S SIGNATURE Theresa M. Karl - Dep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Spec. Burial Co. Summers Mo	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

950
1

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
Student Embalmer

Signed Adrian J. Filler

Licensed Embalmer No. 4740

P. O. Address St. Germain, 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 this body is not embalmed, fact should be so stated above.