

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22082

FILED JUN 24 1953

5645 State File No. 5646 Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Rural - Bush Grove		c. CITY OR TOWN Rural -	
c. LENGTH OF STAY (in this place) 17 yrs.		d. STREET ADDRESS (If rural, give location) Rural -	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) Meady Mae b. (Middle) Carmichel c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 14 1953		
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5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown - Haves		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James Carmichel			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Carmichel				ADDRESS RFD, Aurora	
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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) Carcinoma of right		DUPLICATE OF (b) acted w/ lth							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) metastatic disease						7 years	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		1991							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1946 - as above						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **1946** to **June 14, 1953** that I last saw the deceased alive on **June 14, 1953**, and that death occurred at **9:25** m., from the causes and on the date stated above.

23a. SIGNATURE A. P. [Signature]		(Degree or title) M.P.		23b. ADDRESS Aurora, Mo.		23c. DATE SIGNED 6-15-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/17/53		24c. NAME OF CEMETERY OR CREMATORY Orange Cemetery		24d. LOCATION (City, town, or county) (State) Lawrence Co., Missouri	
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DATE REC'D BY LOCAL REG. 6-17-1953		REGISTRAR'S SIGNATURE Orsa McNeil		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM WOOD		ADDRESS FUNERAL HOME Aurora	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

James D. Crafton

Licensed Embalmer No. *4668*

P. O. Address *Aurora 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.