

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41480

State File No.

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 5864 | | Registrar's No. 44 | |
| 1. PLACE OF DEATH a. COUNTY Nodaway | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Nodaway | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering - rural | | c. CITY- OR TOWN Pickering - rural | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | LENGTH-OF-STAY (in this place) 36 yrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Own home | | | | e. STREET ADDRESS (If rural, give location) 2 miles southeast 0740 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) NELLIE | | b. (Middle) VICTORIA | | c. (Last) CARMICHAEL | |
| 4. DATE OF DEATH | | (Month) 11 | | (Day) 3 | | (Year) 55 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 6/17/97 | |
| 9. AGE (In years last birthday) 58 | | IF UNDER 1 YEAR Months | | IF UNDER 2 WKS. Days | | IF UNDER 24 HRS. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and State or Foreign Country) Pickering, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William Sadler | | | 13b. MOTHER'S MAIDEN NAME Fanny Huffine | | | 14. NAME OF HUSBAND OR WIFE Marvin Carmichael | |
| 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 ADDRESS Marvin Carmichael, Pickering, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Barbiturate Poisoning | | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 hours | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 9702 | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. INCIDENT SUICIDELY? <input checked="" type="checkbox"/> NON-SUICIDELY | | 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) | | 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 May 1955, to Nov. 3, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) R. E. Sunshine M. D. | | | | 23b. ADDRESS Maryville, Missouri | | 23c. DATE SIGNED Jan 7, 1956 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/6/55 | | 24c. NAME OF CEMETERY OR CREMATORY White Oak | | 24d. LOCATION (City, town, or county) (State) Pickering, Mo. | |
| DATE REC'D BY LOCAL REG. 1-14-55 | | REGISTRAR'S SIGNATURE Bens Holt 229 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clun M. Price*

Licensed Embalmer No. *182*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.