

FILED NOV 7 - 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **36808**Registration District No. **360** Primary Registration District No. **6225** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp 3</u>			Length of stay in lb <u>3 mo 28 days</u>	d. STREET ADDRESS <u>2219 Kentucky</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>LEONARD - CARMICHAEL</u>				First	Middle	Last	4. DATE OF DEATH Month <u>Oct</u> Day <u>25</u> Year <u>1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 11, 1886</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>1</u>	11. DAYS <u>14</u>	12. HOURS <u>-</u>	13. MINUTES <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Keystone Laundry</u>	11. BIRTHPLACE (City and state or country) <u>Joplin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>James Carmichael</u>				14. MOTHER'S MAIDEN NAME <u>Bell Frantham</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>491-01-25490</u>	17. INFORMANT <u>Records State Hosp 3 Nevada 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>Arteriosclerotic Heart Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</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) <u>Diabetes and senile Psychosis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>June 27/1956</u> to <u>Oct 25/56</u> and last saw <u>her</u> alive on <u>Oct 24/56</u> . Death occurred at <u>Oct 25/56 12:25 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Paul L. Barone, M.D.</u>				22b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		22c. DATE SIGNED <u>Oct 25/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-27-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>				
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY, JOPLIN, MO</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-1-1956</u>	26. REGISTRAR'S SIGNATURE <u>W. M. G. Ferry</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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.....  
Signature of Student Embalmer

Signed..... *F. M. Jones*.....  
Licensed Embalmer No. *231*.....

P. O. Address *Joplin*.....

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.