U.S. No. 300
Rev. 10.48

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

FILED MAY 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13557

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. #240 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs
c. LENGTH OF STAY (in this place): 30ys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311south 15th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 311 South 15th 1000

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle): E
c. (Last): Carmicheal

4. DATE OF DEATH (Month) (Day) (Year): April 9 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 24 1884
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Filling St Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Allerton Iowa
12. CITIZEN OF WHAT COUNTRY?: Usa

13a. FATHER'S NAME: John W Carmicheal
13b. MOTHER'S MAIDEN NAME: Sarah Carmichael
14. NAME OF HUSBAND OR WIFE: Cora Carmichael

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.: 496 10 1870
17. INFORMANT'S SIGNATURE OR NAME: A Willard Carmicheal
ADDRESS: Blue Spgs Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary thrombosis — 1 hr
DUE TO (c) arterial sclerotic vascular disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20, 1947, *to* 4-9, 1957, *that I last saw the deceased alive on* 4-9, 1957, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill R. Bay M.D.
23b. ADDRESS: Blue Springs Mo.
23c. DATE SIGNED: 4-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11-57
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs Mo
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 4-13-57
REGISTRAR'S SIGNATURE: M B Langford
25. FUNERAL DIRECTOR'S SIGNATURE: R.B. Webb
ADDRESS: Webb Funeral Home Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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APR 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed ..... R B Webb

Licensed Embalmer No. 2 3 J

P. O. Address Blue springs

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