

Health, Welfare, Public Service

000-56

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1957

57022159
STATE FILE NUMBER
4427
Registrator's No. 78

Registration District No. 290 Primary Registration District No. 4427

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Dixon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General		d. STREET ADDRESS 0850 (If outside, give location)	
Length of stay in lb 7 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Dolph Carmack			4. DATE OF DEATH Month Day Year 6 20 1957		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/24/1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor Railroad Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Pulaski County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Carmack			14. MOTHER'S MAIDEN NAME Victoria Hensley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 447-09-6151	17. INFORMANT Address Mrs. Dolph Carmack, Dixon, Missouri.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>14 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Colectomy</i>	
	DUE TO (c) <i>Carcinoma</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>153X</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <i>6/19/57</i> to <i>6/20/57</i> and last saw her alive on <i>6/20/57</i> . Death occurred at <i>3:45 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>R.D. Allott DO 2</i> (Degree or title)	22b. ADDRESS <i>Waynesville, Mo</i>	22c. DATE SIGNED <i>6/22/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/1957	23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
24. FUNERAL DIRECTOR ADDRESS Fred H. Gilbert, Dixon, Missouri		25. DATE RECD. BY LOCAL REG. 6-22-57	26. REGISTRAR'S SIGNATURE <i>Gula Paul Anderson</i>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-23-57
Pulaski County Health Officer
78
File Number
Date Filed 6-23-57

JUL 18 1957

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 *Maurice E. Schierke*

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

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