

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035926  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 100 Primary Registration District No. 5392 Registrar's No. 93

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1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Watkins Township</b>		c. CITY OR TOWN <b>Watkins Township</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi. N. Lecoma Life</b>		d. STREET (If outside, give location) ADDRESS <b>1 mi. N. Lecoma</b>	

3. NAME OF DECEASED (Type or print) First <b>LUCY</b> Middle <b>AGNES</b> Last <b>CARMACK</b>			4. DATE OF DEATH Month <b>October</b> Day <b>21</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 17, 1889</b>	9. AGE (In years last birthday) <b>69</b>	FUNDED YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Lecoma, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frederick Bates</b>	13b. MOTHER'S MAIDEN NAME <b>Fredricka Schmiedeke</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Joseph Carmack</b>	Address <b>Lecoma, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>10 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	
	DUE TO (c) <b>334 X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Renal surgery for calculus aug '58</b>		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.)
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>	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 <b>Rolla Mo</b>	COUNTY <b>Phelps</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>July 1948</b> to <b>10-21-58</b> and last saw her/him alive on <b>10-19-58</b> Death occurred at <b>5:25</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. W. Stricker M.D.</b>	(Degree or title)	22b. ADDRESS <b>Rolla Mo</b>	22c. DATE SIGNED <b>10-21-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 23, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rhea Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Phelps County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Null &amp; Sons Funeral Home</b> By <b>Paul E. Null</b>	ADDRESS <b>Rolla, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/23/58</b>	26. REGISTRAR'S SIGNATURE <b>M. M. Hart, M.D. by A.M.</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 ..... *Paul E. Hull*

Licensed Embalmer No. *4498*

P. O. Address ..... *Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.