RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59-032262

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4316

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city — Length of stay in 1b 9 da. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital — Inside Limits Yes ☒ No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas city — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 6501 E 9th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Hattie Middle Bell Last Carmichael

4. DATE OF DEATH Month SEPTEMBER Day 5 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH apr 26 1883

9. AGE (last birthday) 7776

IF UNDER 1 YEAR Months 4 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY House Keeping

11. BIRTHPLACE (City and state or country) Saline County, MO

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Neal

13b. MOTHER'S MAIDEN NAME Lyde Harrison

14. NAME OF HUSBAND OR WIFE Otto Albert Carmichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT Gladys Klin Address Excelsior Springs Missouri

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocarditis c̄ Anoxia	9/4/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Edema	9/3/59
DUE TO (c)	Epidermoid Carcinoma of Esophagus	4/23/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatoses

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

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 July 10, 1959, to Sept 5, 1959 and last saw her alive on Sept 5, 1959

Death occurred at 9 34 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Manuel J. Blando DO

22b. ADDRESS 6516 Indep. Ave, K.C., Mo.

22c. DATE SIGNED 9/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE Sept. 5-59

23c. NAME OF CEMETERY OR CREMATORY SUNNYSLOPE CEMETERY

23d. LOCATION (City, town, or county) (State) RICHMOND MISSOURI

24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home Richmond, Missouri

25. DATE RECD. BY LOCAL REG. 9-5-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Manuel J. Blando

Nwal-0408

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond,

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