

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

77

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 244

=60=022644

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>	Length of stay in 1b <u>10 yrs</u>	c. CITY OR TOWN <u>Jefferson City</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>1605 East Miller</u>		d. STREET ADDRESS (If outside, give location) <u>1605 E. Miller</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Perkins</u> Last <u>Carmack</u>			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/4/1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	IF UNDER 24 HR Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired prison guard</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Greenfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clovis Carmack</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Tefertiller</u>		14. NAME OF HUSBAND OR WIFE <u>Corilla Carmack</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-09-0921</u>	17. INFORMANT Address <u>Mrs. Corilla Carmack J.C. Mo.</u>			

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 <u>1 day</u>
IMMEDIATE CAUSE (a)	<u>Coriaria Failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial stenosis</u> <u>4 year</u>	
	DUE TO (c) <u>Rheumatic heart disease</u> <u>4 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m.	Month, Day, Year		
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 May 1 1960 to July 1 1960 and last saw her July 1 1960 and last saw him alive on July 1 1960
Death occurred at 11:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. Kanagawa MD</u>	22b. ADDRESS <u>515 E High St</u>	22c. DATE SIGNED <u>7/4/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>7/5/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>
23d. LOCATION (City, town, or county) <u>Greenfield Mo.</u>		(State)

24. FUNERAL DIRECTOR <u>Dulle Funeral Home</u>	ADDRESS <u>J.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4 July 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - R. Richter</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 3 - 1960

MS NOV 28 1960

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

James E. Emanuel

Licensed Embalmer No. *4978*

P. O. Address *Jeff City*

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.