SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020061
STATE FILE NUMBER

AMENDED

Registration District No. 332 Primary Registration District No. 3074 Registrar's No. 92

FILED JUN 1 1961

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Sikeston,
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 622 Sikes Ave.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Richard Middle: Allen Last: Carmody
4. DATE OF DEATH Month: 5 Day: 22 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/11/1910
9. AGE (last birthday) 51
IF UNDER 1 YEAR Months: 3 Days: 11 IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Barbering
11. BIRTHPLACE (City and state or country) Bay, Arkansas.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J.W. Carmody
13b. MOTHER'S MAIDEN NAME Ona Collins
14. NAME OF HUSBAND OR WIFE Irene Carmody
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.
17. INFORMANT Irene Carmody, Address Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH ?
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. ☐ 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 8-31-57, to 5/22/61 and last saw ~~him~~ him alive on 5/22/61
Death occurred at 8:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. C. Critchlow (Degree or title) MD
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED May 23, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/24/1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Sikeston, Mo.

24. FUNERAL DIRECTOR Albritton Funeral Home, ADDRESS Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 5-26-61
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

JUN 2 1961

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, M

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.