MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047010
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 847

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109
2 0250
3
4 0
5 0
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7 0
8 1
9 4/200
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11
12 2-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 16 1963

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Mo.
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Missouri Medical Center
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN Lathrop
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. #2 Box 17
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Glen Middle T. Last Carmichael
4. DATE OF DEATH: Month 12 Day 6 Year 63
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-15-83
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Lathrop Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: J.L. Carmichael
13b. MOTHER'S MAIDEN NAME: Abby Harmon
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Record U.M.M.C. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebrovascular Thrombosis
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 12/6/63 to 12/1/63 and last saw he/she alive on 12/6/63
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harold L. Jones (Degree or title) M.D.
22b. ADDRESS University of Mo. Medical Center, Columbia, Mo.
22c. DATE SIGNED 12/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 9 1963
23c. NAME OF CEMETERY OR CREMATORY: Lathrop Cem
23d. LOCATION (City, town, or county): Lathrop Cem (State) Mo
24. FUNERAL DIRECTOR: Lyman Funeral Home ADDRESS: Columbia Mo
25. DATE RECD. BY LOCAL REG.: Dec 7 1963
26. REGISTRAR'S SIGNATURE: Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1964

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_____ Signed David Duffy

Signature of Student Embalmer

Licensed Embalmer No. 5249

P. O. Address Columbia, 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.