

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11978A
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 355 Primary Registration District No. 6204 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Date Twtnship	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Summersville	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jacks Fork Riv at Hiway 17	Length of stay in lb	d. STREET ADDRESS (If outside, give location)	Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLYDE Middle LEO Last CARMACK	4. DATE OF DEATH Month March Day 29 Year 1946
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1922	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Risco, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James W. Carmack	13b. MOTHER'S MAIDEN NAME Rosa E. Berry	14. NAME OF HUSBAND OR WIFE Jean (Love) Carmack
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Rosa E. Berry Address Summersville, Mo.
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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) Strangulation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Drowning	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Two men swimming together, One went under and the
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	20f. CITY, TOWN, OR LOCATION Summersville COUNTY Texas STATE Missouri
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21. I attended the deceased from ### to ### and last saw ^{her} _{him} alive on ### Death occurred at 3 P M m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Leland Womack M. D. & Coroner	22b. ADDRESS Houston, Missouri	22c. DATE SIGNED 4-1-46
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-31-46	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	23d. LOCATION (City, town, or county) (State) Summersville, Mo.
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24. FUNERAL DIRECTOR Joe R. Suncom Mt. View Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 24-59	26. REGISTRAR'S SIGNATURE Anna Roberts
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Mo.

APR 26 1959

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 *Joe R. Duncan*
Licensed Embalmer No. *4325*
P. O. Address *Mt. View, Va*

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.