

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30959**
Registrar's No. **208**

FILED SEP 29 1951

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **d. 884**

0740

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|---|---|-----------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Nodaway | b. CITY (If outside corporate limits, write RURAL and give township) Town Pickering - rural | a. STATE Missouri | b. COUNTY Nodaway |
| c. LENGTH OF STAY (In this place) 80 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Pickering - rural 0740 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles west | | d. STREET ADDRESS 4 miles west | |

| | | | | |
|---|-------------------------------|--------------------------|--------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JONATHAN | b. (Middle) H. | c. (Last) CARMICHAEL | 4. DATE OF DEATH (Month) (Day) (Year) 9 11 51 |
|---|-------------------------------|--------------------------|--------------------------------|---|

| | | | | | | | | |
|------------------------------|---|---|---|---|----------------------------------|--------------------------------|---------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 1/26/65 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|------------------------------|---|---|---|---|----------------------------------|--------------------------------|---------------------------------|--------------------------------|

| | | | |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (State or foreign country) Bloomington, Indiana / | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|---|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME Archibald Carmichael | 13b. MOTHER'S MAIDEN NAME Mary Ann Mood | 14. NAME OF HUSBAND OR WIFE Fannie Hart Carmichael |
|--|--|---|

| | | | |
|--|---|--|----------------|
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. H. Carmichael, Pickering, Mo. | ADDRESS |
|--|---|--|----------------|

| | | | |
|--|--|-------------|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) All states carcinoma of prostate | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Swirlity | | 177x | |

| | | |
|---|---|--|
| 19a. DATE OF OPERATION 4/10/57 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---|---|--|

| | | | | |
|---|---|---|-----------------|----------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) Maryville | (COUNTY) | (STATE) |
|---|---|---|-----------------|----------------|

| | | |
|---|--|-----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|-----------------------------------|

22. I hereby certify that I attended the deceased from April 1, 1950, to Sept. 11, 1951, that I last saw the deceased alive on Aug. 29, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

| | | | |
|---|--|---|---|
| 23a. SIGNATURE B. F. Blymy | (Degree or title) M. D. | 23b. ADDRESS Maryville, Missouri | 23c. DATE SIGNED 9/14/51 |
|---|--|---|---|

| | | | |
|---|------------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 9/14/51 | 24c. NAME OF CEMETERY OR CREMATORY Workman Chapel | 24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo. |
|---|------------------------------------|--|---|

| | | | |
|---|--|--|----------------|
| DATE REC'D BY LOCAL REG. 9-22-51 | REGISTRAR'S SIGNATURE Beas Bolt | 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo. | ADDRESS |
|---|--|--|----------------|



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Clem M. Price.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1822.....

P. O. Address Marionville 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 this body is not embalmed, fact should be so stated above.