

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6048

State File No. _____

FILED MAR 14 1952

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</u> <u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sumner Village</u>		d. STREET ADDRESS (If rural, give location) <u>Sumner Village</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellie</u> b. (Middle) <u>Dean</u> c. (Last) <u>Carmel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 29 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 22 1875</u>	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>76 6 7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will Nickels</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline Carrel</u>	14. NAME OF HUSBAND OR WIFE <u>E. S. Carmel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. S. Carmel</u>	ADDRESS <u>Sumner Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia due to Paralytic stroke</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 15th, 1950, to Feb 29th, 1952, that I last saw the deceased alive on February 27, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. S. Saunders, D.O.</u>	23b. ADDRESS <u>Fair Play Mo</u>	23c. DATE SIGNED <u>3/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sumner Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	258-17	GENERAL DIRECTOR'S SIGNATURE <u>Bruce - Blue</u>	ADDRESS <u>Bolivar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

840

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
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balch, 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.