Mrs. Laura Carmack

No. 300
10.48

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4426

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 34

72
1

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHAL
c. LENGTH OF STAY (In this place): 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 EAST GORDON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHALL 0972 0
d. STREET ADDRESS (If rural, give location): 301 EAST GORDON

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): LURINDA
c. (Last): CARMACK

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 30 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: ? 1875
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ODESSA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: NATHANIEL PORTER
13b. MOTHER'S MAIDEN NAME: MARY ROSE CURRANT
14. NAME OF HUSBAND OR WIFE: OSCAR W. CARMACK

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: H.E. Porter - Chicago, Ill.
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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4500

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased* Apr 1, 1952 *to* 1/30, 1953, *that I last saw the deceased alive on* Jan 30, 1953 *and that death occurred at* 1:65 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 2/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1953 FEBRUARY 2.
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM.
24d. LOCATION (City, town, or county) (State): SWEET SPRINGS, MO

DATE REC'D BY LOCAL REG.: Feb. 3-1953
REGISTRAR'S SIGNATURE: Sidney T. Gray 385-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. F. Parker
ADDRESS: Sweet Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.