

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4374

State File No.

BIRTH NO. FILED MAR 9 1954 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Claire	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville,	c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN East St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Haase Clinic		f. STREET ADDRESS (If rural, give location) 8120 g	

3. NAME OF DECEASED (Type or Print) a. (First) VESTILLA b. (Middle) JANE c. (Last) CARMICHAEL			4. DATE OF DEATH March 5, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 25, 1870		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) / Clay County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William A. Harmen		13b. MOTHER'S MAIDEN NAME Sarah McKnight		14. NAME OF HUSBAND OR WIFE John B. 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 ADDRESS Mrs Elmer Stock Boonville, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH (b)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (COUNTY) (STATE)		4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Feb 28, 1954 to March 5, 1954, that I last saw the deceased alive on March 4, 1954, and that death occurred at 8:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. L. DeGraeger M.D.		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 3/5/54	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE March 7/54	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		

DATE REC'D BY LOCAL REG. 3/5/54	REGISTRAR'S SIGNATURE B. Hooper 3810		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. W. Huber Boonville Mo		
---------------------------------	--------------------------------------	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 *Berry W. Hacker*

Licensed Embalmer No. *394*

P. O. Address *Bonwell*

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.