

No. 300  
10.48

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39933**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 157

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash. Township</u>	c. LENGTH OF STAY (in this place) <u>2 mo 11 d.</u>	c. CITY OR TOWN <u>Joplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>		e. STREET ADDRESS (If rural, give location) <u>221 West 36<sup>th</sup> St. 1</u>	

3. NAME OF DECEASED (Type or Print) <u>CLIFFORD - CARMICHAEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6, 1954</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 5, 1888</u>	9. AGE (in years last birthday) <u>65</u>	If UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	If UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Fred Carmichael</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Trantum</u>	14. NAME OF HUSBAND OR WIFE <u>Faye Carmichael</u>
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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) <u>yes U.S. Navy</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	DUE TO (b) <u>arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paresis</u>				

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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)	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 Aug 25, 1954, to Nov 6, 1954, that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L Barone, M.D.</u>	23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	23c. DATE SIGNED <u>Nov 6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>11-11-54</u>	REGISTRAR'S SIGNATURE <u>Arma &amp; Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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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 *F. M. Jorles*.....

Licensed Embalmer No. *23*.....

P. O. Address *Joplin*.....

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.