No. 300
10.48

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Bohnsack

State File No. 1658

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 478

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
c. LENGTH OF STAY (in this place) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 210 W. Sedgwick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~210 W~~ Brookfield 0582 0
d. STREET ADDRESS (If rural, give location) 210 W. Sedgwick

3. NAME OF DECEASED (Type or Print) a. (First) DORTHY b. (Middle) — c. (Last) CARMACK

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1955

5. SEX F

6. COLOR OR RACE Cr.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 5 1872

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 11 Days 1 — 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

11. BIRTHPLACE (State or foreign country) Sullivan Co Mo 0

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John J. Bunch

13b. MOTHER'S MAIDEN NAME Josephine Killgore

14. NAME OF HUSBAND OR WIFE Thos B. Carmack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Curt Jacobs Brookfield 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Lobar~~ acute coronary occlusion.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION — 4201

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 from* June 12, 1950, *to* Feb. 6, 1955, *that I last saw the deceased alive on* 2/6, 1955, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. O. Bohnsack MD

23b. ADDRESS 211 Linn Brookfield Mo.

23c. DATE SIGNED 2/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/9/55

24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery

24d. LOCATION (City, town, or county) (State) Sullivan Co Mo

DATE REC'D BY LOCAL REG. 2-9-55

REGISTRAR'S SIGNATURE Nadine Stambach 167-0

25. FUNERAL DIRECTOR'S SIGNATURE J. G. Blacklock Brookfield Mo — ADDRESS

(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 J. K. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.