

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

27895

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 106

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker, Missouri		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Crocker, Mo.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb Life.		d. STREET ADDRESS None.		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Cecil Middle Calvert Last Carmack.				4. DATE OF DEATH Month 8 Day 12 Year 1956			
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH June 20, 1879		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and state or country) Crocker, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Carmack				14. MOTHER'S MAIDEN NAME Mary Payne.			
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 (Wife) Address Mary Carmack Crocker, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIC POISONING Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIO-VASCULAR-RENAL DISEASE. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ✓						INTERVAL BETWEEN ONSET AND DEATH 2 YRS. 2 YRS.	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓		20f. CITY, TOWN, OR LOCATION ✓		COUNTY		STATE	
21. I attended the deceased from AUG. 1945 to AUG. 12, 1956 and last saw her alive on AUG. 12, 1956 Death occurred at 12:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John A. Michalewicz D.O.				22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 8/13/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/14/56		23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Crocker, Missouri	
24. FUNERAL DIRECTOR Edgar Funeral Home		ADDRESS Crocker, Mo.		25. DATE RECD. BY LOCAL REG. 8-14-56		26. REGISTRAR'S SIGNATURE Paula Spivey Anderson	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Office
File Number 106
Date Filed 8-14-56

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..... *Clarence Gross*

Licensed Embalmer No. *48*

P. O. Address *Waynesville*

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.