

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Branson		c. CITY (If outside corporate limits, write RURAL and give township) Berryville, Route 3	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Community Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Billy	b. (Middle) Joe	c. (Last) Carmical	November 2, 1956		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <del>NEVER</del> Married	8. DATE OF BIRTH April 4, 1938	9. AGE (In years last birthday) 18	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
--	--	--	------------------------------------

13a. FATHER'S NAME Zillie Carmical	13b. MOTHER'S MAIDEN NAME Avil Augusta Creekmore	14. NAME OF HUSBAND OR WIFE Doris Ann Carmical
------------------------------------	--	--

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. _____	17. INFORMANT'S SIGNATURE OR NAME <i>B. J. ...</i> ADDRESS Berryville, Ark.
---	-------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral contusions & lacerations		
	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.			

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	21c. (CITY, TOWN, OR TOWNSHIP) Blue Eye 10 (COUNTY) Stone (STATE) Missouri
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-1-56 11:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck
--	---	--------------------------------------

22. I hereby certify that I attended the deceased from 11-2, 1956, to 11-2, 1956, that I last saw the deceased alive on 11-2, 1956 and that death occurred at 5:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>J. D. Bennett</i> (Degree or title) M. D.	23b. ADDRESS Branson, MO	23c. DATE SIGNED 11-2-56
---	--------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-56	24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery	24d. LOCATION (City, town, or county) (State) Blue Eye, Missouri
--	-------------------	--	--

DATE REC'D BY LOCAL REG. 11-13-56	REGISTRAR'S SIGNATURE <i>Lyde A. Bridges</i>	25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home-Berryville, Ark. ADDRESS
-----------------------------------	--	---

APR 4 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Benyville, Neb

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.