

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026378

STATE FILE NUMBER

FILED AUG 4 1958

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 778

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Maryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1216 E. Jenkins		d. STREET ADDRESS 1216 E. Jenkins	
3. NAME OF DECEASED (Type or print) First Candice Middle Jean Last Carmichael		4. DATE OF DEATH Month July Day 28 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maryville, Mo. 0
13a. FATHER'S NAME Eldon Carlo Carmichael		13b. MOTHER'S MAIDEN NAME Doris Arlene Barnett	14. NAME OF HUSBAND OR WIFE none
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 Address Eldon C. Carmichael, Maryville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute anemia (hemorrhage)			INTERVAL BETWEEN ONSET AND DEATH 3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sunshot wound of pulmonary vein			3 min
DUE TO (c)			9190 19
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot by 6 yr old brother accidentally	
20c. TIME OF INJURY Hour 4:30 Month, Day, Year 7-28-58 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Maryville COUNTY Nodaway STATE Mo.	
21. I attended the deceased from not attended , to _____ and last saw him/her live on not seen Death occurred at 4:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. F. Byland (Degree or title)		22b. ADDRESS Maryville MO	
22c. DATE SIGNED 7/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-30-58	
23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		23d. LOCATION (City, town, or county) (State) Maryville, Mo.	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 8-2-58	
26. REGISTRAR'S SIGNATURE Bess Bolt			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Curtis E. Kinsley*

Licensed Embalmer No. *4936*

P. O. Address *Marquette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.