

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041063

STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 171

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 Liberty Township	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Swedeborg, Missouri	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME 133 1/2 mile W. INSTITUTION of Swedeborg, Mo.	Length of stay in 1b 5 hrs.	d. STREET ADDRESS 085 None.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Donald Clay Carmack.			4. DATE OF DEATH Month Day Year Nov. 9, 1958		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1926		9. AGE (In years last birthday) 31 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) Postal Clerk.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Crocker, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edgar Carmack.		13b. MOTHER'S MAIDEN NAME Dora Poulson.		14. NAME OF HUSBAND OR WIFE Lucille Carmack.	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of discharge or service) Yes. World War II	16. SOCIAL SECURITY NO. 489-20-1075	17. INFORMANT Lucille Carmack	Address Swedeborg, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Hemorrhage Thorax		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auto Accident	
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.) Automobile Accident.
20c. TIME OF INJURY Hour Month, Day, Year 1:30 A.m. 11 9/58	

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.) Hwy 133 1/2 mile West of Swedeborg, Mo	20f. CITY, TOWN, OR LOCATION Swedeborg, Mo	COUNTY Pulaski	STATE Missouri
21. I attended the deceased on 11/9/58, to and last saw her alive on Death occurred at Approx. time 1:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i> (Degree or title) County Coroner. 3	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 11/10/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/11/58	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet. Crocker, Missouri	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
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24. FUNERAL DIRECTOR <i>[Signature]</i> Hedges Funeral Home Crocker, Mo	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1958

NOV 20 1958

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 *Clara Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville, 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.

DEC 11 1958