

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021979

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 9

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
 a. COUNTY **New Madrid**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Morehouse** Length of stay in 1b **1 Week**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Son's Res. (Delmo Comm.)** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Scott**
 c. CITY OR TOWN **Sikeston** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **319 Smith** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
LOU ELLA CARMACK **6 9th 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/12/1888** 9. AGE (last birthday) **73** IF UNDER 1 YEAR Months **2** Days **27** IF UNDER 24 HR Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Paragould, Arkansas USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Reeves** 13b. MOTHER'S MAIDEN NAME **No record** 14. NAME OF HUSBAND OR WIFE (Dec'd) **William A. Carmack**

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 **Roy Carmack (Son) Sikeston, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Heart Failure** INTERVAL BETWEEN ONSET AND DEATH **1 week**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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. Month, Day, Year

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 11-15-61 to 6-9-61 and last saw her alive on 6-9-61
 Death occurred at 11:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. M. Dorso, M.D.** 22b. ADDRESS **Morehouse, Mo** 22c. DATE SIGNED **6-19-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/11/61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 23d. LOCATION (City, town, or county) (State) **Sikeston, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Nunnelee Funeral Chapel, Sikeston** 25. DATE RECD. BY LOCAL REG. **6-22-61** 26. REGISTRAR'S SIGNATURE **Kathryn L. McBain**

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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Liberty, 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.