MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030462
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 104

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6275
20275
3
4 0
5 1
6
7 0
8 2
94200
10
11
12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

FILED AUG 27 1962

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville
Length of stay in 1b 65 Years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville,
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 220 South St.
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First James Middle C. Last Carmichael.
4. DATE OF DEATH Month August Day 23 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 27, 1864
9. AGE (last birthday) 98
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Own farm (Retired)
11. BIRTHPLACE (City and state or country) Unionville, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Carmichael.
13b. MOTHER'S MAIDEN NAME Jennie Moore.
14. NAME OF HUSBAND OR WIFE Carmichael. Susie Dunfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. --------
17. INFORMANT Mrs. J. C. Carmichael, Address Boonville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute enteritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 May 1961 to Aug 23, 1962 and last saw him alive on 8.23.62
Death occurred at 6:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE T.C. Beckett (Degree or title) MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 8.24.62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 25, 1962
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery
23d. LOCATION (City, town, or county) Boonville, Mo. (State)
24. FUNERAL DIRECTOR Goodman & Boller, ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 8/24/62
26. REGISTRAR'S SIGNATURE B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Wm Wood.
Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.