

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **704**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY COOPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE PENNSYLVANIA b. COUNTY PHILADELPHIA		
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE		c. LENGTH OF STAY (In this place) 10 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) CHALFONT		997 36
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			d. STREET ADDRESS (If rural, give location) COUNTY LINE ROAD - RFD I		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) ALOYSIUS c. (Last) McDERMOTT			4. DATE OF DEATH (Month) (Day) (Year) JAN. 18 - 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 14 - 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN		10b. KIND OF BUSINESS OR INDUSTRY POLICE DEPT.	11. BIRTHPLACE (State or foreign country) PHILADELPHIA - PENN. /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN McDERMOTT		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARY LOGAN (DEC)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS MARGARET McDERMOTT-GLASGOW M		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/13/49		INTERVAL BETWEEN ONSET AND DEATH 1 week ? 10 years
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 15, 1949 , to Jan 18, 1949 , that I last saw the deceased alive on Jan 18, 1949 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Declarant or Title) [Signature]			23b. ADDRESS [Address]		23c. DATE SIGNED 1-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/19/49	24c. NAME OF CEMETERY OR CREMATORY PHILADELPHIA-PENN	24d. LOCATION (City, town, or county) (State) PHILADELPHIA-PENN.	
DATE REC'D BY LOCAL REG. Jan 18 - 49		REGISTRAR'S SIGNATURE [Signature]	381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO	

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

RECEIVED

District Health Officer No. 8,

District File Number 24

Date Filed 2-11-49

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FEB 11 1949

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
Student Embalmer

Signed James W. Stegner
Licensed Embalmer No. 3780

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