

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38096

1883

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 390

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 W Reed St</u>		d. STREET ADDRESS (If rural, give location) <u>119 1/2 W. Reed</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>McCormack</u> c. (Last) <u>McCormack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24<sup>th</sup> 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 20<sup>th</sup> 1891</u>
9. AGE (In years last birthday) <u>59</u> Months <u>3</u> Days <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Levi McCormack</u>		13b. MOTHER'S MAIDEN NAME <u>Haura G Green</u>	
14. NAME OF HUSBAND OR WIFE <u><del>Claude McCormack</del></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Claude McCormack</u>		ADDRESS <u>Moberly Mo</u>	
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) <u>Pulmonary edema</u>		INTERNAL BETWEEN ONSET AND DEATH <u>20 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>			
DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>20 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>42nd</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>1</u>			
22. I hereby certify that I attended the deceased from <u>Nov 24, 10<sup>50</sup></u> , to <u>Nov 24, 19<sup>50</sup></u> , that I last saw the deceased alive on <u>Nov 24, 19<sup>50</sup></u> , and that death occurred at <u>10:45 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clarence Clohis M.D.</u>		23b. ADDRESS <u>1300 W Reed Moberly Mo</u>	
23c. DATE SIGNED <u>Nov 25 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 26 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 26-50</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u>		ADDRESS <u>Moberly Mo</u>	

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

DEC 20 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Frank D DeWitt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.