

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17188

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5664 Registrar's No. 53

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - REDDISH TWP | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - REDDISH TWP | |
| c. LENGTH OF STAY (In this place) Life | | d. STREET ADDRESS (If rural, give location) Williamstown, Mo. 9560 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | | |

| | | | | | |
|--|--|------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Russell c. (Last) McDermott | | | 4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH April 4, 1870 | | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months Days 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 | | 11. BIRTHPLACE (State or foreign country) Lewis County, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME Patrick McDermott | | 13b. MOTHER'S MAIDEN NAME Mary Logsdon | | 14. NAME OF HUSBAND OR WIFE Hattie M. Gaines | |
|--------------------------------------|--|--|--|--|--|

| | | | | | |
|---|--|------------------------------|--|--|--|
| 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'S SIGNATURE OR NAME ADDRESS Mrs. Hattie M. McDermott, WMTown | |
|---|--|------------------------------|--|--|--|

| | | | | | | | |
|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

| | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 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) (Min.) | | 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 2, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 7:46 a.m., from the causes and on the date stated above.

| | | | | | |
|-------------------------------|--|------------------------------|--|----------------------------|--|
| 23a. SIGNATURE Dr. C. E. Todd | | 23b. ADDRESS Williamstown Mo | | 23c. DATE SIGNED 5/11/1951 | |
|-------------------------------|--|------------------------------|--|----------------------------|--|

| | | | | | | | |
|--|--|-----------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 9, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY St. Patrick | | 24d. LOCATION (City, town, or county) (State) St. Patrick, Mo. | |
|--|--|-----------------------|--|--|--|--|--|

| | | | | | |
|----------------------------------|--|--------------------------------------|--|---|--|
| DATE REC'D BY LOCAL REG. 5-18-51 | | REGISTRAR'S SIGNATURE P. H. Jennings | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl H. Buckley, Canton, Mo. | |
|----------------------------------|--|--------------------------------------|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

560
1

Date Received: **MAY 23 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5-51-97*
Date Filed: **MAY 24 1951**

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

Earl H. Ribley

Licensed Embalmer No. *2615*

P. O. Address *Centon 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.