

FILED OCT 10 1951

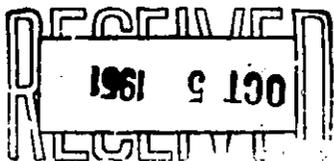
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30663**

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5602 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chilhowee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chilhowee <u>05-10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rfd. 1 Warrensburg		d. STREET ADDRESS (If rural, give location) Rfd. 1 Warrensburg <u>U</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Elizabeth c. (Last) McCormack		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19 1878
9. AGE (In years last birthday) 74		10. MONTHS 11	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Johnson, Co. Mo. <u>U</u>
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Henry E. Haase	
13b. MOTHER'S MAIDEN NAME Mary E. Mills		14. NAME OF HUSBAND OR WIFE Tomas A. McCormack	
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. no	
17. INFORMANT'S SIGNATURE OR NAME T. A. McCormack		ADDRESS Warrensburg Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive heart disease INTERVAL BETWEEN ONSET AND DEATH 4 yrs ANTECEDENT CAUSES stroke DUE TO (b) stroke DUE TO (c) 443X 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)		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 <u>Jan 10</u> , 19 <u>51</u> , to <u>Sept 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 20</u> , 19 <u>51</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Treed Mason		23b. ADDRESS M.D. U 122 G. Market - Warrensburg	
23c. DATE SIGNED Sept 24, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-51	
24c. NAME OF CEMETERY OR CREMATORY Pisgah Cem.		24d. LOCATION (City, town, or county) (State) Chilhowee Missouri	
DATE REC'D BY LOCAL REG. Sept 28, 1951		REGISTRAR'S SIGNATURE Marnie Blackler <u>148</u>	
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		ADDRESS Warrensburg, Mo.	

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



JOHNSON COUNTY HEALTH DEPT.

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.....
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.