

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34121

State File No. _____

FILED OCT 15 1951

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 58-93 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus Rural Platten Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus RI Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. # 1 Festus.</u>		e. ADDRESS <u>0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Catherine</u> c. (Last) <u>McCormack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 - 1951</u>		
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 12 - 1859</u>		9. AGE (In years) (Months) (Days) <u>92 8 18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Platten Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	

13a. FATHER'S NAME <u>Calvin Pinson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McClain</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas McCormack</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie McCormack Festus Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			DUE TO (b) <u>Hypertensive heart disease</u>			<u>8 days</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <u>generalized arteriosclerosis</u>			<u>6 yrs plus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Fracture right tibia</u>			<u>4 wks.</u>		

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		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) <u>443KF.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Nov - 19, 1945, to Sept 30, 1951, that I last saw the deceased alive on Sept 29, 1951; and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Rutledge</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>Oct. 2, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10-9-51</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u> <u>146</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Vinyard Festus Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 10-10-51
HILLSBORO, MISSOURI
JEFFERSON 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.....

H. W. ...

Signed.....
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address. Festus ...

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.