

No. 300
10.48

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3931

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Monett Rural, Monett, Mo. c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY OR TOWN Monett Rural, Lappa, Mo. d. STREET ADDRESS West of Monett, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West of Monett			

3. NAME OF DECEASED (Type or Print) Minnie	a. (First)	b. (Middle) Dermington	c. (Last)	DATE OF DEATH (Month) (Day) (Year) Feb 22-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13, 1886	9. AGE (In years, last birthday) 65	10. MONTHS 10	11. DAYS 9	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Monett, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Higgins	13b. MOTHER'S MAIDEN NAME Martha Montgomery	14. NAME OF HUSBAND OR WIFE Bert Dermington
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Beulah Dermington	ADDRESS Monett
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degenerative</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes Hepatitis</u>		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-10 19³⁷ to 2-22-52, 19⁵², that I last saw the deceased alive on 2-22-52, 19⁵², and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE Frank Kern M.D.	(Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 2-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 24 1952	24c. NAME OF CEMETERY OR CREMATORY New Site Cemetery	24d. LOCATION (City, town, or county) (State) Southwest of Monett Mo
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DATE REC'D BY LOCAL REG. Mar 1-1952	REGISTRAR'S SIGNATURE Olive A. Warming	465	5. FUNERAL DIRECTOR'S SIGNATURE Bennett - Dermington, Monett	ADDRESS
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(Licensed Emballer's Statement on Reverse Side)

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

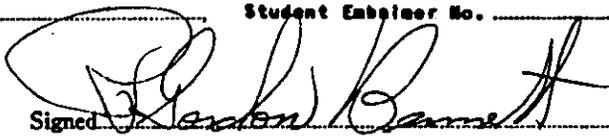
1050

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
Student Embalmer

Signed 

Student Embalmer No. _____

Licensed Embalmer No. 4213

P. O. Address Mo. A. 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.