

STANDARD CERTIFICATE OF DEATH

State File No. 13389

FILED APR 28 1952
BIRTH NO. 281072

REG. DIST. NO. 16.3 PRIMARY REG. DIST. NO. 15-9.3 Registrar's No. 25-

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>Plattin Rural</u> <u>Plattin</u>		c. LENGTH OF STAY (In this place) <u>yes</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattin Rural</u> <u>State #1</u>		d. STREET ADDRESS (If rural, give location) <u>R. #1, Festus, 0508</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Plattin, Mo.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 14 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Everett</u> c. (Last) <u>McCormack</u>			5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 21, 1876</u>		9. AGE (In years last birthday) <u>75</u> <u>7</u> <u>12</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Plattin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas McCormack</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Pinson</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Pruitt</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>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. J. McCormack, Plattin 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>Cardiovascular Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. pyelonephritis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</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)		
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?		
22. I hereby certify that I attended the deceased from <u>July 16</u> , 19 <u>51</u> , to <u>Apr. 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr. 9</u> , 19 <u>52</u> , and that death occurred at <u>8:30 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Bertalmi Bagay, MD</u> (Degree or title)			23b. ADDRESS <u>Festus, Mo</u>		23c. DATE SIGNED <u>4/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 16, 1952</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>4-16-52</u>		REGISTRAR'S SIGNATURE <u>Marie Farris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold S. Vinyard, Festus Mo.</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

DATE PREPARED APR 22 1952
EMILSBORO MARYLAND
BETHESDA 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James J. Comingsford
.....

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.