

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32485

State File No.

REC'D SEP 23 1952

BIRTH MO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 291

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

1. PLACE OF DEATH a. COUNTY <i>Lettis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Lettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>Milner Hotel</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Milner Hotel</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>James</i> b. (Middle) <i>Marcellus</i> c. (Last) <i>M. Cormick</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 15, 1952</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Dec. 10, 1903</i>	9. AGE (In years last birthday) <i>48</i>	IF UNDER 1 YEAR Months <i>9</i>	IF UNDER 11 HRS. Days <i>5</i>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Owner</i>	11. BIRTHPLACE (State or foreign country) <i>Sedalia Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U</i>
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13a. FATHER'S NAME <i>Blarence Wadleigh M.</i>	13b. MOTHER'S MAIDEN NAME <i>Lelia Nerndon</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>N</i>	17. INFORMANT'S SIGNATURE OR NAME <i>T.B. M. Cormick</i>	ADDRESS <i>Miami, Okla.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. endocarditis c</i>		
	ANTECEDENT CAUSES <i>Chr. myocarditis</i> DUE TO (b) Morbid conditions, if any, giving 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. <i>Cor Bovis - marked.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4214</i>	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) (Min.)	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 *Sept 1, 1952*, to *Sept 15, 1952*, that I last saw the deceased alive on *Sept 15, 1952*, and that death occurred at *7 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J.W. Boyer M.D.</i>	23b. ADDRESS <i>Sedalia, Mo</i>	23c. DATE SIGNED <i>9-17-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-18-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>
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DATE REC'D BY LOCAL REG. <i>9-18-52</i>	REGISTRAR'S SIGNATURE <i>A. G. Campbell M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. Laughlin Bro - Sedalia</i>	ADDRESS
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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

K.P.M. Cray

Licensed Embalmer No. 3153

P.O. Address Idalia 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.