

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35490**

BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **2032** Registrar's No. **138**

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

| | | | |
|--|--|---|---|
| 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 OR TOWN Warrensburg | | c. CITY OR TOWN Holden | |
| c. LENGTH OF STAY (in this place) 2 month | | d. STREET ADDRESS (If rural, give location) East 2nd Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Nace Nursing Home | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) _____ c. (Last) McCormick | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 10, 1952 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Oct 15, 1866 |
| 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | 11. BIRTHPLACE (State or foreign country) Kingston, Ohio |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME John McCormick | | 13b. MOTHER'S MAIDEN NAME Ann Johnson | 14. NAME OF HUSBAND OR WIFE never married |
| 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. XXXX | 17. INFORMANT'S SIGNATURE OR NAME Betty Rawlins, Guardian, Holden, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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"/> | | INTERVAL BETWEEN ONSET AND DEATH Prolonged | |
| 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) 4221 | |
| 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 July 18, 1952 to Oct 10, 1952 , that I last saw the deceased alive on Oct 10, 1952 , and that death occurred at 8:40 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. | | 23b. ADDRESS Holden, Mo | 23c. DATE SIGNED Oct 12 '52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Oct 14 '52 | 24c. NAME OF CEMETERY OR CREMATORY Marshall Cemetery | 24d. LOCATION (City, town, or county) (State) Marshall, Missouri |
| DATE REC'D BY LOCAL REG. Oct 13, 1952 | REGISTRAR'S SIGNATURE Savannah Hutchins | 25. FUNERAL DIRECTOR'S SIGNATURE Kenaday & Ropp, Holden, Missouri. | |

RECORDED
OCT 21 1952
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.