

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42967

State File No.

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4371 Registrar's No. 279

740
0

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont - rural 0740</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles east 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ford Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>MCDERMOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 52</u>
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>8/16/70</u>
9. AGE (In years last birthday) <u>82</u>		10. F UNDER 1 YEAR Months _____ Days _____ 11. F UNDER 1 MTH. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	
11. BIRTHPLACE (State or foreign country) <u>Clearmont, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John McDermott</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Goslee</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Lee Kinder McDermott</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>Mrs. Marvin Bloomfield, Elmo, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular thrombosis</u> ANTECEDENT CAUSES (b) <u>Congestive Heart Failure</u> <u>Practical Hypertrophy causing</u> <u>hypertrophies.</u> DUE TO (c) <u>Senility.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</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) (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 <u>Jan. 19, 1951</u> , to <u>Dec. 26, 1952</u> , that I last saw the deceased alive on <u>Dec. 26, 1952</u> and that death occurred at <u>3:40P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hannibal Land</u>		23b. ADDRESS <u>Elmo, Missouri</u>	
23c. DATE SIGNED <u>Dec 29 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12/29/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell</u>		24d. LOCATION (City, town, or county) (State) <u>Clearmont, Missouri</u>	
25. DATE REC'D BY LOCAL REG. <u>12-31-52</u>		25. REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home, Maryville, Mo.</u>		25. ADDRESS	

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. 461

working under my personal supervision.

Student Curtis E. Kenisley
Student Embalmer

Signed Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.