

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10960**

FILED APR 7 1953
BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. A-964 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (In this place) <u>75 yrs</u>	c. CITY OR TOWN <u>Rural</u> <u>0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville</u>		d. STREET ADDRESS (If rural, give location) <u>Parkville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Randolph</u> c. (Last) <u>McCormick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25 - 53</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 19 - 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer (Grain)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Grain)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Point Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>

13. FATHER'S NAME <u>John T McCormick</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kingma Stallard</u>		14. NAME OF HUSBAND OR WIFE <u>Allie N Simpson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Allie McCormick Parkville</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Vascular Accident</u>		
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 Jan, 1950, to Mar, 1953, that I last saw the deceased alive on 24th Mar, 1953, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel L. Mullins M.D.</u>		23b. ADDRESS <u>1402 Smith St Parkville</u>		23c. DATE SIGNED <u>3-28-53</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Weston Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 29-53</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u> <u>257-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leland W Francis Parkville Mo.</u>		

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

MAY 1 1958

FEB 2 1958

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Farkville, 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.