

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20550

State File No.

ED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 45745- Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD MO</u>	
c. LENGTH OF STAY (in this place) <u>12 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>ELMER MCCORMACK</u>			4. DATE OF DEATH <u>MAY 10 1953</u>		
a. (First)	b. (Middle)		c. (Last)	OF	(Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 11 1881</u>	9. AGE (In years last birthday) <u>72</u>	10. <u>3</u> MONTHS <u>29</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>P.A. MCCORMACK</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH OSMENT</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE MCCORMACK</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>350-18-6433</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Weeks</u> ADDRESS <u>MARSHFIELD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis, Old & New</u> DUE TO (c) <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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 11/1, 1952, to 5-10, 1953, that I last saw the deceased alive on 5-10, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>5/11/53</u>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>		
DATE REC'D BY LOCAL REG. <u>5-16-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u> ADDRESS <u>MARSHFIELD</u>			

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

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

Paul Barber

Licensed Embalmer No. 3848

P. O. Address Atty. Home

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.