

FILED AUG 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25414

State File No. 111-111-111  
Registrar's No. 111-111-111

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1555 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>	
c. LENGTH OF STAY (in this place) <b>50yrs</b>		d. STREET ADDRESS (If rural, give location) <b>412 North Tom St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>412 North Tom St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>	b. (Middle) <b>ALANZO</b>	c. (Last) <b>McDERMITT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 21, 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>7</b>	Hours <b>7</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith</b>	11. BIRTHPLACE (State or foreign country) <b>Barry County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Flym McDermitt</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Ingram</b>	14. NAME OF HUSBAND OR WIFE <b>Vada McDermitt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Vada McDermitt</b>	ADDRESS <b>Webb City, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)	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 6-25, 1953, to 7-28, 1953, that I last saw the deceased alive on 7-19, 1953, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>Webb City, Mo.</b>	23c. DATE SIGNED <b>8-1-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-31-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Black Fox Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wentworth, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-1-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b>	ADDRESS <b>Webb City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

+92  
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RECEIVED AUG 3 1953

Jasper County Health Office

County File Number 53-8-634

Date Filed AUG 3 1953

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.