

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1953

State File No. **28734**
4056

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>30 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3368 2502 Cleveland Ave D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Honorah Medical Center.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marshall</u> b. (Middle) <u>O.</u> c. (Last) <u>McCormack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 12 - 53</u>		
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>10-26-02</u>		9. AGE (In years) (last birthday) <u>50</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DETECTIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POLICE MOTOR TRUCK BUREAU</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAFAYETTE COUNTY MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>YOUNG PRIDE M^c CORMACK</u>	13b. MOTHER'S MAIDEN NAME <u>LAURA SHAFER</u>	14. NAME OF HUSBAND OR WIFE <u>ALMA JUNE M^c CORMACK</u>
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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>500-20-7827</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. ALMA JUNE M^c CORMACK</u>	ADDRESS <u>2502 CLEVELAND KANSAS CITY MO</u>
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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, 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>Acute pulmonary edema</u>		DUE TO (b) <u>Left ventricular failure</u>		<u>30 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertensive heart disease</u>		<u>30 min</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>1 year</u>
				<u>443X</u>

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)
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 March 9, 1953, to Aug 12, 1953 that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 11:02P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Hoffman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>330 Professional Bldg</u>	23c. DATE SIGNED <u>Aug 12, 1953</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>Aug-15-1953</u>	24c. NAME OF CEMETERY OR GREMATORY <u>BATES CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BATES CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-15-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO</u>
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11:028:1111

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

Hollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.