

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>217</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: specify before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>				d. STREET ADDRESS <u>Rural</u>					
3. NAME OF DECEASED a. (First) <u>LAWRA</u> (Type or Print)			b. (Middle) <u>Givens</u>		c. (Last) <u>McCORMICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 6, 1872</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Malta Bend, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alexander Givens</u>			13b. MOTHER'S MAIDEN NAME <u>Armeinta Huddleston</u>			14. NAME OF HUSBAND OR WIFE <u>Albert M. McCormick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna M. McCormick</u> ADDRESS <u>3606 Richmond St. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia, Neph</u> ANTECEDENT CAUSES DUE TO (b) <u>Incarcerated umbilical hernia, Uteru</u> <u>postoperative</u> DUE TO <u>Incarcerated umbilical hernia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Generalized arteriosclerosis, Hypertension, Myocardial infarct</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Incarcerated Umbilical Hernia</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? _____			
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? _____					
22. I hereby certify that I attended the deceased from _____ ¹⁹ to <u>12 June 1954</u> that I last saw the deceased alive on <u>13 June 1954</u> and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl W. DeGard</u>				23b. ADDRESS <u>1216 West 18th St Sedalia Mo</u>		23c. DATE SIGNED <u>June 14, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malta Bend</u>		24d. LOCATION (City, town, or county) (State) <u>Malta Bend, Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-15-54</u>		REGISTRAR'S SIGNATURE <u>Lavinia Coontz</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Broo</u> ADDRESS <u>Sedalia</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 _____

K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.