

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1954

State File No. 22281
Registrar's No. 222

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 22281		Registrar's No. 222		
1. PLACE OF DEATH a. COUNTY <i>Callaway</i>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>			c. LENGTH OF STAY (In this place) <i>3677m-21m</i>		c. CITY OR TOWN <i>New Johnston</i>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #1, Fulton, Mo.</i>					e. STREET ADDRESS (If rural, give location) <i>D.V. 1090</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>FRED</i>			b. (Middle) <i>McDERMOND</i>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>July 25, 1954</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>1893</i>		9. AGE (In years last birthday) <i>61</i>		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
13a. FATHER'S NAME <i>Charles McDermond</i>			13b. MOTHER'S MAIDEN NAME <i>D.K.</i>			14. NAME OF HUSBAND OR WIFE <i>None</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>DK</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>State Hosp #1 Records</i>					ADDRESS <i>Fulton, Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Chronic Myocarditis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Many years</i>		
		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. <i>Generalized Arteriosclerosis</i>								
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>4-22-1</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		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) <i>None</i>		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 <i>Sept 17, 1953</i> , to <i>July 25, 1954</i> , that I last saw the deceased alive on <i>July 25, 1954</i> , and that death occurred at <i>5:55 pm.</i> from the causes and on the date stated above.										
23a. SIGNATURE <i>Frank J. Nichols</i>					23b. ADDRESS <i>State Hospital #1, Fulton Mo</i>			23c. DATE SIGNED <i>7-25-54</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>7-29-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>State Hosp Cem. Fulton, Mo</i>			24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <i>July 29, 1954</i>		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>C.C. Links</i>		ADDRESS <i>Fulton, Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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S. No. 300
V. 10-48

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

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