

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 0809 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn
c. LENGTH OF STAY (If in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri COUNTY Montgomery
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn
c. STREET ADDRESS (If rural, give location) none Rural

3. NAME OF DECEASED
a. (First) Auther b. (Middle) Edward c. (Last) Mc Cormack
4. DATE OF DEATH (Month) (Day) (Year) 7-28-54

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 3-26 1885 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Near Mineola Mo 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME William T. Mc Cormack 13b. MOTHER'S MAIDEN NAME Edith Mae George 14. NAME OF HUSBAND OR WIFE Viola Mc Cormack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) yes World War #I 16. SOCIAL SECURITY NO. 187-22-0206 17. INFORMANT'S SIGNATURE OR NAME Mrs Viola Mc Cormack ADDRESS Mineola Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis with Hypertension sev. yrs.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Arteriosclerotic Hypertensive Heart Disease, Chronic Nephritis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to July 28, 1954, that I last saw the deceased alive on July 28, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 20 New Terrace Mo 23c. DATE SIGNED July 31, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-31-54 24c. NAME OF CEMETERY OR CREMATORIAL _____ Montgomery City 24d. LOCATION (City, town, or county) (State) Montgomery City Mo

DATE REC'D BY LOCAL REG. 8-4-54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS MONTGOMERY CITY MO

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

STATEMENT BY LICENSED EMBALMER

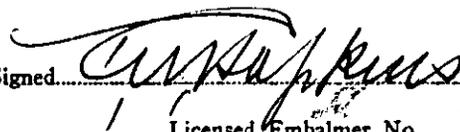
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~^{XX} on the 28 th day of July 1954

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. I 487

P. O. Address. Montgomery 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.