No. 300
10-48

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31495

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3056 Registrar's No. 211

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 1½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Radnolph
c. CITY OR TOWN: Rural--Union Twp.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): near Milton

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3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle):
c. (Last): McCormick

4. DATE OF DEATH (Month) (Day) (Year): September 8 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 23, 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): general laborer
10b. KIND OF BUSINESS OR INDUSTRY: General laborer
11. BIRTHPLACE (City and State or Foreign Country): Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John S. McCormick
13b. MOTHER'S MAIDEN NAME: Rachel Edwards
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John McCormick; R#3; Moberly, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subaracnouid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Struck down on pavement by auto
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H.W.#24 near Milton
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Union Twn. Randolph Missouri

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21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 8, 1954 2p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hit by auto walking across highway.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Guy S. Jolly DO. Coroner
23b. ADDRESS: 203½ N.Clark St.Moberly,Mo
23c. DATE SIGNED: 9-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/11/1954
24c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
24d. LOCATION (City, town, or county) (State): Huntsville, Missouri

DATE REC'D BY LOCAL REG.: 9/11/54
REGISTRAR'S SIGNATURE: Leah Williams Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T.B. Patton & Sons, Huntsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul T. Batton

Licensed Embalmer No. 40

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.