

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22254
Registrar's No. 3209

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) 363 Tracy	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Benjamin	b. (Middle) E	c. (Last) McCormick	4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 12-17-1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Grand retired) Spray Painter	10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and State or Foreign Country) New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John W. McCormick	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Madeline W. McCormick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 053-120967	17. INFORMANT'S SIGNATURE OR NAME Beard Chas. K. C. Gen. Hosp. #1	ADDRESS
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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, asthenia, 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) Acute and chronic pyelonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of rectum DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		154X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from June 27 1955, to July 26 1955, that I last saw the deceased alive on July 26 1955, and that death occurred at 9:10A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) ^D	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 7-27-55
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-28-55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 7-28-55	REGISTRAR'S SIGNATURE Reva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE B. E. Weiler	ADDRESS K.C. Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAR 26 1955

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..... *B. E. Weikert*

Licensed Embalmer No..... *40*

P. O. Address..... *L.C. 8*

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