

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14221**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived; If institution; residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shelby County Memorial		d. STREET ADDRESS (If rural, give location) 0810	

3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) LOUETTA c. (Last) MACORMIC			4. DATE OF DEATH (Month) (Day) (Year) Apr. 3 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr 5-1891			9. AGE (In years) (last birthday) 64		
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) Notomis Ill			12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME Francis T McDonald		13b. MOTHER'S MAIDEN NAME Elinor J Hamblen		14. NAME OF HUSBAND OR WIFE Fred Macormic	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify (unknown)) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-92-6266		17. INFORMANT'S SIGNATURE OR NAME Albert A. McDonald ADDRESS Newburg Mo	
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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, 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 & Coronary Thrombosis ANTECEDENT CAUSES Due to (b) Arteriosclerosis, malignant hypertension & nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201	
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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?	
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22. I hereby certify that I attended the deceased from **August 16, 1891**, to **April 3, 1956**, that I last saw the deceased alive on **April 3, 1956**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard E Myers DO (Degree or title)		23b. ADDRESS Newburg Mo		23c. DATE SIGNED April 4 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 6 1956		24c. NAME OF CEMETERY OR CREMATORY Roach	
24d. LOCATION (City, town, or county) (State) Near Newburg Mo					

DATE REC'D BY LOCAL REG Apr 9 1956		REGISTRAR'S SIGNATURE Nadine L. Steele		25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson ADDRESS Newburg Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Office,

County File Number 390

Date Filed

VS SEP 13 1960

VS SEP 20 1960

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.