

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21496

State File No.

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5953 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY OR TOWN Rural Buffalo	c. LENGTH OF STAY (in this place) 1. LIFE	c. CITY OR TOWN Louisiana RFD 2	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 2 Louisiana, Mo.		e. STREET ADDRESS (If rural, give location) RFD # 2	

3. NAME OF DECEASED (Type or Print) Jewell Edward Mc Cormick	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 8 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 7, 1918	9. AGE (In years last birthday) Months Days 38	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ruby Edward Mc Cormick	13b. MOTHER'S MAIDEN NAME Nellie L. Houchins	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. # 2	16. SOCIAL SECURITY NO. 498-36-6569	17. INFORMANT'S SIGNATURE OR NAME Mrs R. E. Mc Cormick	ADDRESS Louisiana 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, asthma, 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) Trauma to Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed Chest		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 79	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3 MI N.W. Louisiana, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 8 1956-5:45 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **live on June 9, 1956**, and that death occurred at **5:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Mudd Coroner	23b. ADDRESS Beaulieu, Louisiana, Mo	23c. DATE SIGNED June 9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JUNE 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL HEALTH DEPT. June 11, 1956	REGISTRAR'S SIGNATURE Permece Callier	FUNERAL DIRECTOR'S SIGNATURE George D. Nague	ADDRESS Louisiana, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 20 1956

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..... *George O. Wagner*

Licensed Embalmer No. **3773**.....

P. O. Address **Louisiana, M**.....

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.