

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57017901
STATE FILE NUMBER
74

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 74

| | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon Hudson Twp</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Huntsville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u> | | | Length of stay in lb <u>15 days</u> | | d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Leslie</u> Last <u>McCormick</u> | | | | 4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1957</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>July 30, 1909</u> | | 9. AGE (In years last birthday) <u>47</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>11</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Randolph County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13. FATHER'S NAME <u>Frank Leslie McCormick</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Hettie Mae Broadus</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes War #</u> | | | 16. SOCIAL SECURITY NO. <u>486-42-0642</u> | | 17. INFORMANT <u>Mrs. Hettie Mae McCormick</u> Address <u>Moberly Mo</u> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxic coma (toxemia)</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 days</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute hepatic insufficiency</u> | | | | | | | <u>15 days</u> | | |
| DUE TO (c) <u>Chronic portal cirrhosis and alcoholism</u> | | | | | | | <u>unknown</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>April 25, 1957</u> to <u>May 10, 1957</u> and last saw <u>her</u> <u>him</u> alive on <u>May 10, 1957</u> Death occurred at <u>7:58 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Jerry S. Still D.O.</u> | | | | 22b. ADDRESS <u>Macon, Missouri</u> | | | 22c. DATE SIGNED <u>May 11, 1957</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>May 12-1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>5/29/57</u> | | 26. REGISTRAR'S SIGNATURE <u>Cuth McCreely</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

85-0

FEB 20 1958

MAR 31 1958

JUL 12 1957

County File No. 625780
Date Filed 6.6.57

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 *Jerry R. Carter*

Licensed Embalmer No. 4906

P. O. Address *Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.