

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021599
State File No.

FILED JUN 20 1957

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 6293 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - SHERIDAN		c. CITY OR TOWN Carthage, RR 1	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 1, Carthage, Mo.		e. STREET ADDRESS (If rural, give location) 649 RR 1, Carthage, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) H. c. (Last) DeMott			4. DATE OF DEATH (Month) (Day) (Year) June 12 1957		
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. mgr. M.F.A.		10b. KIND OF BUSINESS OR INDUSTRY Feed Store		11. BIRTHPLACE (City and State or Foreign Country) Independence, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Richard H. DeMott		13b. MOTHER'S MAIDEN NAME Matilda Parkhurst		14. NAME OF HUSBAND OR WIFE Grace Banke DeMott	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs Grace DeMott, RR1, Carthage, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral laceration + hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Depressed skull fracture		
	DUE TO (c) Struck by automobile		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Basilar + fibular			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 8124 25	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	21c. (CITY, TOWN OR TOWNSHIP) Carthage (COUNTY) Jasper (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 12 '57 12:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by auto while crossing highway
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22. I hereby certify that I attended the deceased from **D.O.C. McCune, Hosp.**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. Foster Whitten (Degree or title) M.D.	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 6-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. June 14, 1957	REGISTRAR'S SIGNATURE W. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 57-6-523
Date Filed JUN 18 1957

JUN 20 1957
JUN 28 1957

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.....
Edwin C. [Signature]

Licensed Embalmer No. 195

P. O. Address [Signature]

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.