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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005692
STATE FILE NUMBER 474

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1 — Length of stay in 1b 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1108 E. 29th (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Granville Middle Oscar Last Mc Cormick

4. DATE OF DEATH Month 1 Day 27 Year 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH 9-1-1898

9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Knobnoster Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James McCormick

13b. MOTHER'S MAIDEN NAME Nora Parrish

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-16-2457

17. INFORMANT Lucile Urman Address Overland Park Kans

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia left lung(lower lobe) and partial obstruction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) intestinal hernia incarcerated
DUE TO (c) 5615

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? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-22-58, to 1-27-58 and last saw him alive on 1-27-58
Death occurred at 6:07 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)

22b. ADDRESS General Hospital No. 1

22c. DATE SIGNED 1-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-30-58

23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

23d. LOCATION (City, town, or county) (State) Sedalia Mo

24. FUNERAL DIRECTOR B.E. Weikert **ADDRESS** K.C. Mo

25. DATE RECD. BY LOCAL REG. 1-29-58

26. REGISTRAR'S SIGNATURE Vera Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard [illegible]
All diseases in Part I must be causally related.

B. I. Burns

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. C. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.