Health, Welfare Public Service

300 -57

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006324

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 428 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Canton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Length of stay in 1b 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 710 Lewis St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Charles Middle Austin Last Mc Dermott

4. DATE OF DEATH Month Day Year Mar. 2, 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Jan. 11, 1891

9. AGE (In years last birthday) 67 — 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) Custodian

10b. KIND OF BUSINESS OR INDUSTRY C*S College

11. BIRTHPLACE (City and state or country) Lewis County

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

13a. FATHER'S NAME Elisha McDermott

13b. MOTHER'S MAIDEN NAME Elizabeth Stewart

14. NAME OF HUSBAND OR WIFE Georgia Tompson

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

16. SOCIAL SECURITY NO. 487-30-4532

17. INFORMANT Address Mrs. Frank Cowgill, Canton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 5 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral + Aortic Valvular Heart Disease — 5 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

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 Jan 5 1953 to March 2-58 and last saw ~~her~~ him alive on March 2-1958

Death occurred at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Naudis Davis MD

22b. ADDRESS Canton Mo

22c. DATE SIGNED March 3-1958

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

23b. DATE 3-4-'58

23c. NAME OF CEMETERY OR CREMATORY Forest Grove

23d. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo.

24. FUNERAL DIRECTOR Earl H. Barkley, ADDRESS Canton, Mo.

25. DATE RECD. BY LOCAL REG. 3-5-'58

26. REGISTRAR'S SIGNATURE P. W. Jennings M. D. E. L.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted. All diseases in Part I must be causally related.

OCT 10 1958

MAR 24 1958

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 Earl H. Buckley

Licensed Embalmer No. 7615

P. O. Address Lewiston, Me.

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.