

XC-2 803 915
R#118082

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024172
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1675

FILED JUL 11 1958

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If just prior to residence before death, give address) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS 23 MO.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN COLUMBIA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 1347 DAYS	Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1306 ROSS STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle P. Last McDERMOTT			4. DATE OF DEATH Month JUNE Day 22 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 8, 1899	9. AGE (In years at birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT		10b. KIND OF BUSINESS OR INDUSTRY LIFE INSURANCE	11. BIRTHPLACE (City and state or country) CAMERON, WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN McDERMOTT		13b. MOTHER'S MAIDEN NAME ELIA CORCORAN		14. NAME OF HUSBAND OR WIFE HELEN B. McDERMOTT	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, JEFFERSON BRKS 23, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ULCERATING CARCINOMA OF STOMACH WITH PERFORATION AND ACUTE PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH 24 Hours
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	-----

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 -----
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21. Attended the deceased from 10-13-54 to 6-22-58
Death occurred at 8:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) Chief Professional Services, Vet Adm Hosp, Jeff Brks, Mo.	22b. ADDRESS 6-22-58	22c. DATE SIGNED 6-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 24 June 1958	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks National Cem	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
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24. FUNERAL DIRECTOR Donald Washburn ADDRESS Dupo, Illinois	25. DATE RECD. BY LOCAL REG. 6-23-58	26. REGISTRAR'S SIGNATURE Herbert P. Dornke M.D.
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All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RED INK. WRITE IF POSSIBLE.

MEDICAL CERTIFICATION

Info added by family 7-5-58

STATEMENT BY LICENSED EMBALMER

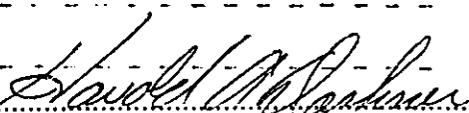
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4621

P. O. Address Dupon, Illinois

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.