

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026380

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 281 Primary Registration District No. 3048 Registrar's No. 175

S. 300  
v. 1-57  
0

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bedford</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>			Length of stay in lb <u>4 mos</u>	d. STREET ADDRESS (If outside, give location) <u>803 Buchanan</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>Leola</u> Last <u>McCormick</u>				4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1958</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Oct 14 - 1886</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>York Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>us</u>	
13a. FATHER'S NAME <u>William Ellis</u>			13b. MOTHER'S MAIDEN NAME <u>Dora E. Whitmore</u>		14. NAME OF HUSBAND OR WIFE <u>Fred McCormick</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Fred McCormick</u>		Address <u>Bedford Ia</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>Carcinoma of rectum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>with metastasis</u> DUE TO (c) <u>154X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</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? 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 _____ Month _____ Day _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Death occurred at <u>9 - 30</u> on the date stated above; and to the best of my knowledge, from the causes stated.			to <u>7/25/58</u> and last saw her alive on <u>7/25/58</u>				
22a. SIGNATURE (Degree or title) <u>H. J. Bauman M.D.</u>				22b. ADDRESS <u>12th main Maryville Mo</u>		22c. DATE SIGNED <u>7/29/58</u>	
23a. BURIAL, CREMATION, REMOVALS (Specify) <u>Burial</u>		23b. DATE <u>July 25-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>		
24. FUNERAL DIRECTOR <u>Frank Wetmore Jr</u>			ADDRESS <u>Bedford</u>		25. DATE RECD. BY LOCAL REG. <u>7-30-58</u>		26. REGISTRAR'S SIGNATURE <u>Bess Stolt</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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 *Joseph Peterson* .....

Licensed Embalmer No. *4517* .....

P. O. Address *Bedford, Iowa* .....

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.