

1. Health,  
2. & Welfare  
3. Public  
4. Service  
5. 300  
6. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031542

STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 360 Primary Registration District No. 6228 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Henry Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>1080</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 Mi. W. Rich Hill</b>		Length of stay in lb <b>27 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>10 Mi. West-Rich Hill</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HETTIE McCORMICK</b>			4. DATE OF DEATH Month Day Year <b>August 11 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>86</b>
13a. FATHER'S NAME <b>Joseph Longbaugh</b>		13b. MOTHER'S MAIDEN NAME <b>Elza Spitzer</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	14. NAME OF HUSBAND OR WIFE <b>Forrest McCormick-Fulton, Missouri</b>
17. INFORMANT <b>Forrest McCormick-Fulton, Missouri</b>			17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart Disease</b>			<b>20 yrs.</b>
DUE TO (c) <b>4200</b>			
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, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <b>Feb. 1953</b> to <b>Aug. 11, 1958</b> and last saw her alive on <b>Aug. 11, 1958</b> Death occurred at <b>11:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (By grave or birth) <b>Thomas F. Boyd D.O.</b>		22b. ADDRESS <b>Rich. Had. 1160</b>	22c. DATE SIGNED <b>8-13-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pryor Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Vernon County, Missouri</b>
24. FUNERAL DIRECTOR <b>Booth Funeral Serv - Rich. Had. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>

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 *John L. Anderson* .....  
Licensed Embalmer No. *3585* .....  
P. O. Address *Bullett MD* .....

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.