

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022174
STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANNIBAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 N. 4th ST</u>		Length of stay in lb <u>10 MONTHS</u>	d. STREET ADDRESS (If outside, give location) <u>CR 2 C</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARA CYNTHIA McCORMICK</u>			4. DATE OF DEATH Month Day Year <u>JUNE 30 1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 25-1897</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>DENT COUNTY MO.</u>
13a. FATHER'S NAME <u>JOHN R. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>CYNTHIA JACKSON</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>✓</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE McCORMICK</u>
17. INFORMANT Address <u>Mrs. Blackwell Louisiana, Mo.</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>Hyostatic Pneumonia</u> DUE TO (b) <u>stroke due to hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>
19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> WORK 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 <u>June 1950</u> to <u>June 1959</u> and last saw her alive on <u>June 27th, 1959</u> Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. P. Hansen D.O.</u>		22b. ADDRESS <u>Frankford, Mo.</u>	
22c. DATE SIGNED <u>7-1-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>July 2-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grassy Creek Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Louisiana (rural) Pike Co. Mo.</u>		24. FUNERAL DIRECTOR <u>Megawon Funeral Home Frankford Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7/1/59</u>		26. REGISTRAR'S SIGNATURE <u>Alton Lucke By M.C. Fisher</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Irene Fields Megaw*

Licensed Embalmer No. *4093*

P. O. Address *Shelton, 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.