URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

60-029452
STATE FILE NUMBER

ENDED

Registration District No. 371 Primary Registration District No. 6260 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST DALLAS TOWNSHIP — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SALLIE Middle J. Last MCCORMACK
4. DATE OF DEATH Month 6 Day 28 Year 60
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-4-1881
9. AGE (last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) WEBSTER Co. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CALVIN ROSS HURST
13b. MOTHER'S MAIDEN NAME MARY CARPENTER
14. NAME OF HUSBAND OR WIFE
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. NO NO
17. INFORMANT MRS. JOHN RENNER Address MARSHFIELD 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) PNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) METASTATIC CANCER OF ABDOMEN
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 12-31-59 to 6-28-60 and last saw her/him alive on 6-27-60
Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Bareis, M.D.
22b. ADDRESS MARSHFIELD, MO
22c. DATE SIGNED 7-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-30-60
23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL
23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.

24. FUNERAL DIRECTOR Robert Benjamin ADDRESS Springfield, Mo
25. DATE RECD. BY LOCAL REG. JULY 19, 1960
26. REGISTRAR'S SIGNATURE Opal M. Good.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Max L. Miller
Signature of Student Embalmer

Licensed Embalmer No. 4726

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.