

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031670

FILED VS AUG 24 1960

294 Primary Registration District No. 3056 Registrar's No. 210

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Length of stay in lb 11 DAYS		c. CITY OR TOWN R.F.D. PARIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 MI. S.W. OF PARIS, MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE ESTELLA MCCORMICK				4. DATE OF DEATH Month Day Year AUG. 15 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/11/1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 8 Days 4	IF UNDER 24 HR Hours — Min. —		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME FOR BOYS			10b. KIND OF BUSINESS OR INDUSTRY PRACTICAL NURSE		11. BIRTHPLACE (City and state or country) BLOOMINGTON, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME (UN.K.) HEMPSTEAD			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE PAUL E. MCCORMICK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 361-03-2247		17. INFORMANT PAUL E. MCCORMICK			Address R.F.D.#3 PARIS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease.							INTERVAL BETWEEN ONSET AND DEATH 6 months.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephrosclerosis.									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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	
		Aug. 4, 1960		Aug. 15, 1960		Aug. 15, 1960			
21. I attended the deceased from Aug. 4, 1960 to Aug. 15, 1960 and last saw her alive on Aug. 15, 1960 Death occurred at 5:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Willie Lewis</i> (Degree or title)				22b. ADDRESS Moberly, Mo.				22c. DATE SIGNED 8-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
BURIAL		8/18/1960		PARK HILL		BLOOMINGTON, ILL.			
24. FUNERAL DIRECTOR E.H. AGNEW ADDRESS PARIS, MO.				25. DATE RECD. BY LOCAL REG. 8-16-60		26. REGISTRAR'S SIGNATURE <i>Willie Lewis</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

24211

1938

STATE OF MICHIGAN

22

RECEIVED

7-22-38-108

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 _____
Signature of Student Embalmer

Signed E. H. Agnew,
Licensed Embalmer No. 4000

Licensed Embalmer No. 4000

P. O. Address Paris, MI

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