

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004696

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 86

AMENDED

FILED VS. MAR 6 1961

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rombauer	Length of stay in lb 15 yrs.	c. CITY OR TOWN Rombauer	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) John William McCormick	4. DATE OF DEATH Feb. 18, 1961
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-24-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dexter, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William McCormick	13b. MOTHER'S MAIDEN NAME Mary Riddle	14. NAME OF HUSBAND OR WIFE Bertha McCormick
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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. X X X X X X X X	17. INFORMANT Bertha McCormick Rombauer, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic heart disease, chronic	"Unknown"
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Arteriosclerosis, generalized, chronic
	DUE TO (c)	Arterial hypertension, Chronic
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.) -----
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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.) farm, last 1000 street, office bldg., etc.	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **5 Sept. 1956** to **18 Feb. 1961** and last saw ^{him} ~~her~~ alive on **16 Feb. 1961**
Death occurred at **4:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. LESTER HARWELL, M.D.	22b. ADDRESS Dalton Bldg., Poplar Bluff, Mo.	23. DATE SIGNED 23 Feb. 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-20-61	23c. NAME OF CEMETERY OR CREMATORY Armstead-Dowdy Cem.	23d. LOCATION (City, town, or county) (State) Dexter, Missouri Rural
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24. FUNERAL DIRECTOR Watkins & Sons	ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 2/25/61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Marsh Walker

Licensed Embalmer No. 717

P. O. Address Dexter 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.