

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005105

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 181A STATE FILE NUMBER

FILED VS MAR 6 1961

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>                |  | Length of stay in 1b  | c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1219 N. Missouri</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS <u>2511 N. Albertha</u> (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                               |   |   |  |   |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Clora</u> Middle <u>Juan</u> Last <u>McCormack</u>                 |                               |   | 4. DATE OF DEATH<br>Month <u>Feb</u> Day <u>19</u> Year <u>1961</u> |  |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-14-1915</u>                                   | 9. AGE (last birthday) <u>46</u>                   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 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 <u>Home</u>   | 11. BIRTHPLACE (City and state or country) <u>Webster Co., Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>          |   |
| 13a. FATHER'S NAME <u>Elmer Ince</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Annie Barnett</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Novia McCormack</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>none</u>   | 17. INFORMANT <u>Novia McCormack, Springfield, Mo.</u><br>Address   |  |   |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Likely Cerebral Accident</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| DUE TO (b) <u>Likely Cerebral vascular disease</u>  |  | <u>Not known</u>                               |
| DUE TO (c) <u>UNATTENDED BY A PHYSICIAN</u>   |  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Invalid for about 3 yrs. as result of "Stroke"</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|--|

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|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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<br>Hour <u>6:30</u> a.m. <u>00</u> 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.)     | 20f. CITY, TOWN, OR LOCATION <u>Springfield</u> COUNTY <u>Greene</u> STATE <u>Missouri</u> |

21. I attended the deceased from 6:30 to 00 and last saw her/him alive on 2-23-1961.  
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                            |  |  |                                 |
|--|----------------------------|--|--|---------------------------------|
| 22a. SIGNATURE <u>James Thomas M.D.</u> (Degree or title) <u>Greene Co. Health Officer</u> |                            | 22b. ADDRESS <u>Springfield, Mo.</u>                         |  | 22c. DATE SIGNED <u>2-28-61</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>                                 | 23b. DATE <u>2-23-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Springfield, Missouri</u> (State) |                                 |
| 24. FUNERAL DIRECTOR <u>Rex Rainey, Springfield, Mo.</u> ADDRESS                           |                            | 25. DATE RECD. BY LOCAL REG. <u>2-28-61</u>                  | 26. REGISTRAR'S SIGNATURE <u>Effie S. Meekin</u>                           |                                 |

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

JUN 1 1962

**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 [Signature]

Licensed Embalmer No. 3312

R. O. Address Springfield

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.