

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044870

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5905

STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>45 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>514 1/2 Truman Rd</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>514 1/2 Truman Rd</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>ERNEST E.</i> Middle <i>MC CORMICK</i> Last <i>MC CORMICK</i>	4. DATE OF DEATH Month <i>11</i> Day <i>22</i> Year <i>1961</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-4-1894</i>	9. AGE (last birthday) <i>67</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>7</i> Hours <i>1</i> Min.	IF UNDER 24 HR Hours <i>1</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saloon</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and state or country) <i>Newton - Kansas</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Edward Mc Cormick</i>	13b. MOTHER'S MAIDEN NAME <i>Stella Shaper</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
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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) <i>yes WW #1</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Lawrence H. Mc Cormick</i>	Address <i>7147 Grand</i>
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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: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>—</i>	
	DUE TO (c) <i>—</i>	

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
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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.)
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20c. TIME OF INJURY Hour <i>1</i> a.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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Hugh H. Owens Coroner</i>	22b. ADDRESS <i>152 Union Station</i>	22c. DATE SIGNED <i>11-24-61</i>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>11-27-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>US National Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Leavenworth, Kan</i>
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24. FEDERAL DIRECTOR <i>Lawrence H. Owens</i>	ADDRESS <i>KC Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>11-25-61</i>	26. REGISTRAR'S SIGNATURE <i>Keith Long</i>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
HUGH H. OWENS

**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

*L. Passantino*

Licensed Embalmer No.

4554

P. O. Address

KC 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.