

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-045584

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. Registrar's No. 47

FILED DEC 19 1961

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra		Length of stay in lb 3 years	c. CITY OR TOWN Hannibal
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1422 Lindell Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle JANE Last McCORMACK	4. DATE OF DEATH Month December Day 8, Year 1961
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/70	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days	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) at home	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Louisiana, Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Joseph L. McCormack	13b. MOTHER'S MAIDEN NAME Elizabeth Wilson	14. NAME OF HUSBAND OR WIFE ---
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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. ---	17. INFORMANT J. Walter McCormack, 314 Beech St.	Address Hannibal, Mo.
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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) Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca of Intestinal tract		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 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 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
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21. I attended the deceased from Oct-1961 to Dec-8 and last saw her alive on 2 Death occurred at 9:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E.M. Lucke (Degree or title) M.D.	22b. ADDRESS Hannibal, Mo	22c. DATE SIGNED 12-11-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/11/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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24. FUNERAL DIRECTOR Jack Schwartz, Hannibal, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-12-61	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke By Viola Glev. Deputy
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

STATEMENT BY LICENSED EMBALMER

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

Jack Selway

Licensed Embalmer No. 4900

P. O. Address Hennipal

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.