

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18938

BIRTH NO.		REG. DIST. NO. 71	PRIMARY REG. DIST. NO. 3012	Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs			
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 130 Dorothy Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION 130 Dorothy Street		d. STREET ADDRESS (If rural, give location) 130 Dorothy Street			
3. NAME OF DECEASED (Type or Print) DAVID		a. (First) LEMUEL	b. (Middle) McCORMACK	c. (Last)	
4. DATE OF DEATH June 5, 1949		4. DATE (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1881	9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) New Market, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clifford McCormack		13b. MOTHER'S MAIDEN NAME Sarah Uhl		14. NAME OF HUSBAND OR WIFE Susan McCormack, Ex. Spr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Uhl Bratcher, 1401 E. 8th, KC, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Mild hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Instant 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 5, 1949 to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 8:40 P.M., from the causes and on the date stated above.					
23a. SIGNATURE M. D. Excelsior Springs, Mo.		23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED June 9, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.	
DATE REC'D BY LOCAL REG. 6/9/49		REGISTRAR'S SIGNATURE 62 Caroline Dutchings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Prichard, Ex. Spr. Mo.	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.4824
11

RECEIVED JUN 20

District Health Officer No. 8,

District File Number

Date Filed

6-27-49

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.

Signed

E. E. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4168

P. O. Address *Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.