

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 53
20

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 902 N. Jefferson /				d. STREET ADDRESS (If rural, give location) 902 N. Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) None c. (Last) Dermody			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 12, 1959	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer			10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer		11. BIRTHPLACE (State or foreign country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James F. Dermody			13b. MOTHER'S MAIDEN NAME Margaret Unknown		14. NAME OF HUSBAND OR WIFE Susie Dermody		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Brauer Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Inferiority of eye</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>10 yrs</i> <i>1:500</i>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>0</i>			
22. I hereby certify that I attended the deceased from Feb. 20, 1946, to Jan 27, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Kallenbach M.D.</i>			23b. ADDRESS <i>Mexico, Mo</i>		23c. DATE SIGNED <i>Feb 2, 1949</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/49		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Mexico Mo.	
DATE REC'D BY LOCAL REG. Jan 29-49		REGISTRAR'S SIGNATURE <i>Blenche Neely</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Chas Brauer</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-231

Date Filed FEB 7 - 1949

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
Student Embalmer

Signed *Clara Anusoff*.....

Licensed Embalmer No. 3569.....

P. O. Address *Mutual*.....

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.