

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16005

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital		d. STREET ADDRESS (If rural, give location) 825 Cedar St.	
3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE		c. (Last) MCCORMICK	
b. (Middle) GRIGONE		4. DATE OF DEATH (Month) (Day) (Year) 5/28/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/22/1877
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 4 Days 6	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME Anton Grigone	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George A. McCormick.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME George McCormick...		ADDRESS Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Encephalatrophy DUE TO (c) Hypertensive Cardio Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH few min days several years several 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?	
22. I hereby certify that I attended the deceased from <u>May 19</u> , 19 <u>50</u> , to <u>May 28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>50</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE E. N. Lockett (Degree or title) MD		23b. ADDRESS Bluff, Mo	
23c. DATE SIGNED 1950		23d. DATE SIGNED June 1	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 5/30/50	
24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. June 3, 1950		REGISTRAR'S SIGNATURE Tom H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL.....		ADDRESS Poplar Bluff, Mo.	

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

0123

RECEIVED

JUN 6 - 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-247

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 Scott A. Cabrett

Licensed Embalmer No. 3567

P. O. Address Wyan Bluff, 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.