

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41005

State File No.

BIRTH NO. _____ REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 3012 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Santa Clara</u>	
b. CITY OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Mountain View</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>435 Loreto St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Balls' Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>MCCORMICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 27, 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 6, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bismarck, North Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Blow</u>	14. NAME OF HUSBAND OR WIFE <u>Violet S. McCormick</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>yes, not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Violet S. McCormick</u>	ADDRESS <u>Mountain View, Calif.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio Vascular Renal Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 15, 1951, to Dec. 27, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Lawrence</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>211 E. Excelsior, Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>12/27/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Colma California</u>
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DATE REC'D BY LOCAL REG. <u>12/27/51</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Winged Hope, Exc. Spgs, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ernest Lee*

Licensed Embalmer No. *4864*

P. O. Address *Excelsior, Minn.*

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.