

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-030086

FILED VS SEP 8 1959

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 187

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b <b>30 years</b>	c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>312 West Burkhart</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OLIVER</b> Middle <b>G.</b> Last <b>McCORMICK</b>			4. DATE OF DEATH Month <b>August</b> Day <b>23</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/22/1896</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____
					IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Clerk, Div. Frt. &amp; Pass.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Co.</b>	11. BIRTHPLACE (City and state or country) <b>Defiance, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Eli McCormick</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Lay</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia McCormick - Wife</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-05-8079</b>	17. INFORMANT Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Liver</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Months(?)</b>
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)				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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>Not applicable</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY <b>Not applicable</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> <b>Not applicable</b>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <b>Aug. 18, 1959</b> to <b>Aug. 23, 1959</b> and last saw him alive on <b>Aug. 22, 1959</b> Death occurred at <b>6:30 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L. K. McMurry, M.D., Surgeon in Charge</b>			22b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>		22c. DATE SIGNED <b>8/24/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>AUG 26, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST CHARLE BORRERO</b>	23d. LOCATION (City, town, or county) (State) <b>ST CHARLES MO</b>		
24. FUNERAL DIRECTOR <b>MAKAN FUNERAL SERVICE MOBERLY MO</b>		ADDRESS <b>Aug 24 5-9</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Leah D. Lowe</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1921 8 13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-  
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.