

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008090

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 69

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10880
20880

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1270-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 14 1963	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>1009 Henry</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>	
c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>1009 Henry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYMOND ALBERT McCORMICK</u>	
4. DATE OF DEATH Month Day Year <u>March - 8 - 1963</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> 8. DATE OF BIRTH <u>1-19-18</u>	
9. AGE (Last birthday) <u>51</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Foreman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Moberly Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Claude McCormick</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillie Kirkendall</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia McCormick</u>	
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.	
17. INFORMANT <u>Mrs. Raymond McCormick Moberly Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma of abdomen & chest, carcinoma epidermoid/ of the esophagus</u> DUE TO (b) <u>epidermoid/ of the esophagus</u> DUE TO (c) <u>epidermoid/ of the esophagus</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>Aug. 1</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <u>Operation Esophagogastrectomy 11-30-62.</u> <u>Empyema of left chest, drainage on 1-25-63.</u>	
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>Nov. 20, 1963</u> to <u>March 8, 63</u> and last saw her alive on <u>March 8, 1963</u> Death occurred at <u>1050 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Clarence Johns wife</u>	
22b. ADDRESS <u>346 Woodland, Moberly, Mo.</u>	
22c. DATE SIGNED <u>3/9/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
23b. DATE <u>Mar-10-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>March 9-1963</u>	
26. REGISTRAR'S SIGNATURE <u>W. Cecil White</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1963

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0880

Permit Renewed 3-9-63
R. M. C.

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 _____

Signature of Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherky 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.