

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24376

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>IRON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>IRON TON</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <b>Piedmont</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>St. Mary's Hosp</b> <b>2</b>				d. STREET ADDRESS (If outside, give location) Reside on Farm <b>1108</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>Thomas Theodore M<sup>c</sup>Cormick</b>				4. DATE OF DEATH Month Day Year <b>7-22-57</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>Dec. 12, 1876</b>	
9. AGE (In years last birthday) <b>80</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Patterson, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FORMING</b>				11. BIRTHPLACE (City and state or country) <b>Patterson, Mo.</b>			
13. FATHER'S NAME <b>Theodore M<sup>c</sup>Cormick</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</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>NONE</b>		17. INFORMANT Address <b>Maude M. M<sup>c</sup>Cormick Piedmont, Mo.</b>	
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>Cerebral hemorrhage</b> 2 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) <b>331x</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>							
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 <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 <b>7-20-57</b> to <b>7-22-57</b> and last saw <sup>her</sup> him alive on <b>7-22-57</b> Death occurred at <b>4- m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>George A. Gay M.D.</b>				22b. ADDRESS <b>Piedmont Mo.</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-24-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Piedmont, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Norman M. Bish Piedmont, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug. 1, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Avis Jones</b>	

(Licensed Embalmer's Statement on Reverse Side)