

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-038794

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 378

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED OCT 6 1965</b>		
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Francois</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Residence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> <u>St. Francois</u> COUNTY</p> <p>c. CITY OR TOWN <u>Farmington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>808 Scr Washington St.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>James Watson McCormack</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>Sept. 27 1965</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>
<p>8. DATE OF BIRTH <u>8/15/74</u></p>	<p>9. AGE (last birthday) <u>91</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Near Farmington, Mo</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	<p>13a. FATHER'S NAME <u>Watson McCormack</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Martha Patterson</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>Mrs. Louis Yeager Farmington, Mo.</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u></p>	<p>16. SOCIAL SECURITY NO. _____</p>	
<p>17. INFORMANT <u>Mrs. Louis Yeager Farmington, Mo.</u> Address <u>Rt. # 2</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Myocardial Infarction suspected</u> INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u></p> <p style="text-align: center;">DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>5yr.</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>		<p>21. I attended the deceased from <u>1963</u>, to <u>9-27-65</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>9-26-65</u></p> <p>Death occurred at <u>7:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>
<p>22a. SIGNATURE <u>V. Burcham MD</u> (Degree or title)</p>	<p>22b. ADDRESS <u>Farmington, Mo.</u></p>	
<p>22c. DATE SIGNED <u>9-29-65</u></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>9/29/1965</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers</u></p>
<p>23d. LOCATION (City, town, or county) <u>Near Farmington, Mo.</u> (State)</p>		
<p>24. FUNERAL DIRECTOR <u>C.H. Cozean</u> ADDRESS <u>Farmington, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Sept. 29, 1965</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

VS 300 Rev. 4/59

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2 0945  
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DATE AMENDED

**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 \_\_\_\_\_

*C. H. Cozeman*

Licensed Embalmer No. 4084

P. O. Address Farmington 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.