

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33715**

FILED NOV 14 1949

BIRTH NO. 59508-49 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. _____

1. PLACE OF DEATH <u>West Plains Hospital</u> a. COUNTY <u>Howell County</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gainesville</u>	
c. LENGTH OF STAY (In this place) <u>18 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains Hospital</u> <u>Paul Surgical Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Nolan</u> c. (Last) <u>McGinnis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>10-1-49</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>18</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>Lester C. McGinnis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Parks</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lester C. McGinnis</u> ADDRESS <u>Gainesville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Delivery</u> <u>26 weeks.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cause not known</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-1, 1949</u> , to <u>10-2, 1949</u> , that I last saw the deceased alive on <u>10-2, 1949</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.B. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>10-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct. 3 Burial</u>	24b. DATE <u>Oct. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Point Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark County</u>
DATE REC'D BY LOCAL REG. <u>10-6-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton</u> ADDRESS <u>Gainesville</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46

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 ^{not}.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur R. Roof.....

Licensed Embalmer No. 3040.....

P. O. Address Louisville, Miss.....

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.