

No. 300  
10. 48

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33093

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marion Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Marion Township</u>	
c. LENGTH OF STAY (in this place) <u>78 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2, Pattonsburg, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D.#2, Pattonsburg, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily M.</u> b. (Middle) <u>Ginder</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 14, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Taylor Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jennings</u>	14. NAME OF HUSBAND OR WIFE <u>William Ginder</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Dunn</u>	ADDRESS <u>R.F.D.#2, Pattonsburg, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4221</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>External Regeneration</u>		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased on Oct 13, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Floyd E. Nelson</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Laclette, Mo.</u>	23c. DATE SIGNED <u>10-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D.#2, Pattonsburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>18 Oct. 1950</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Enghardt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel</u>	ADDRESS <u>Pattonsburg, Mo.</u>
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(If used Embalmer's Statement on Reverse Side)

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



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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Louis Guest*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, Pa.

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.