

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19458**

FILED JUN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 603

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksdale</b>	
c. LENGTH OF STAY (In this place) <b>Month</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Sisters Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Sameul</b> (Type or Print)		b. (Middle) <b>A.</b>		c. (Last) <b>Gingerly</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>31</b> (Year) <b>52</b>	
5. SEX <b>Male</b> <input type="radio"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b> <input type="radio"/>		8. DATE OF BIRTH <b>Oct. 3, 1884</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b></b>		IF UNDER 1 HRS. Hours <b></b> Min. <b></b>		11. BIRTHPLACE (State or foreign country) <b>Kans.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad work</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>Joseph Gingerly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wolf</b>		14. NAME OF HUSBAND OR WIFE <b>none</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>509-09-7103</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ray Gingerly</b>	
				ADDRESS <b>Clarksdale Mo</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Liver</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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 <b>5-16-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cerebral Liver</b>		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) <b>5810</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 5, 1949, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S.P. Lemon M.D.</b>		23b. ADDRESS <b>St Joseph Mo</b>		23c. DATE SIGNED <b>6-1-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-2-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Washington Kans.</b>	
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DATE REC'D BY LOCAL REG. <b>June 13, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Castel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Beaman</b>		ADDRESS <b>Maysville Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0117  
0

1956 FEB 6

*The name should be  
"Pfeffer" Kingour  
(not in it)*

MS SEP 2 1960

1961 15 1962

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.....

*John Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. **3933**

P. O. Address **Maysville, 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 this body is not embalmed, fact should be so stated above.