

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2003**

FILED FEB 5 1953

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4252</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>		1570		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hosp. &amp; Clinic</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>CLARA Alice</u>			a. (First)		b. (Middle) <u>(Rose)</u>		c. (Last) <u>McGINNIS</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>JAN. 27 1953</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>		IF UNDER 1 HR. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry Rose</u>		13b. MOTHER'S MAIDEN NAME <u>DORA DAILING</u>		14. NAME OF HUSBAND OR WIFE <u>E. J. McGINNIS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		(If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>X E. J. McGINNIS Edina Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adynamic ileus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial Infarction</u>		DUE TO (c) <u>Left Ventricular failure</u>		<u>3 days</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis &amp; Hypertension</u>						<u>years</u>		
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) (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 <u>Jan 19, 1953</u> , to <u>Jan 27, 1953</u> , that I last saw the deceased alive on <u>Jan 27, 1953</u> , and that death occurred at <u>12:55 P. M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Edina Mo</u>		23c. DATE SIGNED <u>1-28-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs New Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 28-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Diegelhaus</u>		ADDRESS <u>Edina Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

570

**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 .....  
Student Embalmer

Signed Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.