

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19650**
Registrar's No. **4764**

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 6240 Devonshire Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location). 149 6240 Devonshire Ave.			
3. NAME OF DECEASED (Type or Print) JOHN a. (First) _____ b. (Middle) L. c. (Last) McGINNIS		4. DATE OF DEATH (Month) (Day) (Year) May 10 1953		5. SEX Male 6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 27, 1891		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Foreman (Retired) Mo. Pac. RR Co.			10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR Co.		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME James McGinnis		13b. MOTHER'S MAIDEN NAME Jane Scally			
14. NAME OF HUSBAND OR WIFE Nell McGinnis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME Nell McGinnis				ADDRESS 6240 Devonshire Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Arterio-sclerotic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 3 yrs.		19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4200		22. I hereby certify that I attended the deceased from Jan., 1950, to May 6, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 1:55A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. R. Sheridan M.D.		23b. ADDRESS 175 S. Grand		23c. DATE SIGNED 5-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE May 12, 1953		24c. NAME OF CEMETERY OR CREMATORY _____			
24d. LOCATION (City, town, or county) (State) Sedalia, Mo.		DATE REC'D BY LOCAL REG. MAY 11 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.		(Licensed Embalmer's Statement on Reverse Side)			

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 *Richard W. Stinson*

Licensed Embalmer No. 400

P. O. Address

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.