

FILED JUL 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. **23775**
 BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY MORGAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MORGAN -		c. LENGTH OF STAY (in this place) 40 YRS	c. CITY OR TOWN BARNETT		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3 mi - N - W - BARNETT			e. STREET ADDRESS (If rural, give location) Bmi - N - W - BARNETT		
3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) TALMAGE c. (Last) MCGINNIS			4. DATE OF DEATH (Month) (Day) (Year) July - 12 - 1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 14 Aug - 1900	9. AGE (in years last birthday) 53	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming	11. BIRTHPLACE (City and State or Foreign Country) MORGAN - CO - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wiley McGinnis		13b. MOTHER'S MARDEN NAME Charlotte Wood	14. NAME OF HUSBAND OR WIFE Hattie - McGinnis		
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 ADDRESS Mrs Dewey McGinnis - Barnett		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION NONE			19b. MAJOR FINDINGS OF OPERATION NONE
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.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE		
22. I hereby certify that I attended the deceased from 1948 , 19____, to July 12 , 19 54 , that I last saw the deceased alive on July 9 , 19 54 , and that death occurred at 12:30 pm. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robt. E. Murrell D.O.			23b. ADDRESS ELDON - MO		23c. DATE SIGNED 14 July 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 14 July - 1954	24c. NAME OF CEMETERY OR CREMATORY UNION -	24d. LOCATION (City, town, or county) (State) MORGAN - CO - MO		
DATE REC'D BY LOCAL REG. 7-15-54		REGISTRAR'S SIGNATURE J. K. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE Keith Mays		ADDRESS ELDON MO

(Licensed 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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Keith M. Kaye*
Licensed Embalmer No. *379*
P. O. Address *Eldon*

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.