

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29661**  
Registrar's No. **36**

BIRTH NO. _____		REG. DIST. NO. <b>373</b>		PRIMARY REG. DIST. NO. <b>6269</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>Webster</b> <b>Webster County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Ozark</b>		c. LENGTH OF STAY (In this place) <b>7 years</b>		c. CITY OR TOWN <b>Rural Ozark</b>		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				e. STREET ADDRESS (If rural, give location) <b>Rt. #4 Marshfield Mo. 1120</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clifford</b>		b. (Middle) <b>Leo</b>		c. (Last) <b>GINTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 20 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 26, 1901</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Russellville, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.P.</b>							
13a. FATHER'S NAME <b>Lewie Gintz</b>			13b. MOTHER'S MAIDEN NAME <b>Geneva Suttles</b>			14. NAME OF HUSBAND OR WIFE <b>Lorine Gintz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>49230-4739</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lorine Gintz</b> ADDRESS <b>Rt. #4 Marshfield Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BASIL SKULL FRACTURE</b> ANTECEDENT CAUSES DUE TO (b) <b>FARM TRACTOR OVERTURNED</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9121</b> <b>3</b>					
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) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MARSHFIELD WEBSTER MO R4</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 20 1954 3:30 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>TRACTOR OVERTURNED</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>K. K. Kelley 3 coroner</b>				23b. ADDRESS <b>Fordland mo</b>		23c. DATE SIGNED <b>8-20-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-24-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer cemetery Webster County Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-3-54</b>		REGISTRAR'S SIGNATURE <b>J. Francis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Barber</b>		ADDRESS <b>Funeral Home Marshfield</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

20.  
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**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 *Glen D. Williams*

Licensed Embalmer No. *4651*

P. O. Address *Marshfield*

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.