

FILED JUN 25 1957

37782-57

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 154

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital			Length of stay in 1b 8 Hrs	d. STREET ADDRESS R.F.D.# 3		(If outside, give location) 1149 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gerald Middle Ray Last Gingrich			4. DATE OF DEATH Month June Day 21 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> INFANT FORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 8 Days 8 Hours 8 Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bartley A. Gingrich				14. MOTHER'S MAIDEN NAME Vera Menefee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Bartley A. Gingrich Address R.F.D.# 3 Fulton, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse, shock DUE TO (b) Pre-maturity, born at 24 wks DUE TO (c) mother had acute purulent appendicitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4 hours before onset labor							INTERVAL BETWEEN ONSET AND DEATH 2 hours
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 9:45 Month June Day 21 Year 1957 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fulton		CITY Fulton	STATE Mo
21. I attended the deceased from 21 June 57 to 21 June 57 and last saw him alive on 21 June 57 Death occurred at 9:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) cccjo				22b. ADDRESS 5 East Fifth, Fulton, Mo.		22c. DATE SIGNED 6/22/57	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL Burial		23b. DATE June 22, 1957	23c. NAME OF CEMETERY OR CREMATORY U.B. Church Cem.		23d. LOCATION (City, town, or county) (State) S. Fulton Mo		
24. FUNERAL DIRECTOR Hallace Funeral Home, Fulton, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. June 22-1957		26. REGISTRAR'S SIGNATURE Maretha Lawrence		

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 *Hector R. Masere*

Licensed Embalmer No. *49*

P. O. Address *Fulton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.