

t. Health,
& Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037057
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 253

S. 300
V. 1-57

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital			Length of stay in lb 3 hours	d. STREET ADDRESS (If outside, give location) 089 1/2 465 E. Black Diamond			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Howard Middle Edward Last McGinnis				4. DATE OF DEATH Month Nov. Day 8, Year 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 12, 1932		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A?		
13a. FATHER'S NAME Roy McGinnis			13b. MOTHER'S MAIDEN NAME Ada O'Bell			14. NAME OF HUSBAND OR WIFE Leva Fern McGinnis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 9-17-54 to 9-16			16. SOCIAL SECURITY NO. 498-30-9200		17. INFORMANT Address Mrs. Leva McGinnis, Richmond, 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) Cerebral hemorrhage DUE TO (b) Auto-accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.		
20a. ACCIDENT <input checked="" 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.) cf. above.						
20c. TIME OF INJURY Hour 10:15 a.m. Nov 8, 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION COUNTY STATE Chillicothe Livingston Mo.		
21. I attended the deceased from 6 Nov. 1958 to 8 Nov. 1958 and last saw him alive on 8 Nov. 1958 Death occurred at 10:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles M. Naez M.D.				22b. ADDRESS Chillicothe, Mo.		22c. DATE SIGNED 10 Nov. 1958		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Garden		23d. LOCATION (City, town, or county) (State) Richmond, Missouri			
24. FUNERAL DIRECTOR Quest-Life Funeral Home Richmond, Missouri.				25. DATE RECD. BY LOCAL REG. Nov. 10, 1958		26. REGISTRAR'S SIGNATURE Frances B. Naez		

DIVISION OF HEALTH DEPARTMENT
 BOSTON, MASSACHUSETTS
 DECEMBER 9 1958
 DECEMBER 29 1958
 NOV 20 1958
 JUN 7 1958

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 *Joseph M. Gibson*
 Licensed Embalmer No. *7769*
 P. O. Address *Chittenden*

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 *Joseph M. Gibson*
Licensed Embalmer No. *7769*
P. O. Address *Chittenden*

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.