Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038548
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 3239 Primary Registration District No. 4480 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY: Schuyler
b. CITY OR TOWN: Greentop — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at family home — Length of stay in Ib: yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Schuyler
c. CITY OR TOWN: 0780 Greentop — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Greentop — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Mildred Middle Daisy Last Gingerich
4. DATE OF DEATH: Month Oct. Day 29, Year 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 29, 1907
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teacher
11. BIRTHPLACE (City and state or country): Adair county, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Everett Western
13b. MOTHER'S MAIDEN NAME: Ida McDowell
14. NAME OF HUSBAND OR WIFE: Ursel Gingerich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ursel Gingerich, Address: Greentop, Mo.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c) Severe Arthritis Deformans — 20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia
332 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/23/50 to 10/29/58 and last saw her alive on 10/28/58
Death occurred at 4:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward M. Roberts (Degree or title) M.D.
22b. ADDRESS Queen City Mo.
22c. DATE SIGNED 10/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 10/31/58
23c. NAME OF CEMETERY OR CREMATORY: Greentop Cemetery
23d. LOCATION (City, town, or county) (State): Greentop, Missouri

24. FUNERAL DIRECTOR: Lee Riley ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-31-58
26. REGISTRAR'S SIGNATURE: Mrs. A. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 George W. Darnell

Licensed Embalmer No. 4799

P. O. Address Kirksville, Mo

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.