

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000128  
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 1

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-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 1 Day	d. STREET ADDRESS RFD #3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK O. GINGRICH			4. DATE OF DEATH Month Day Year Jan 7 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 3 1874	9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired furniture maker		10b. KIND OF BUSINESS OR INDUSTRY Furniture factory	11. BIRTHPLACE (City and state or country) Decatur, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Aaron Gingrich		13b. MOTHER'S MAIDEN NAME Susan Wolf		14. NAME OF HUSBAND OR WIFE Elizabeth Lillard		
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.	17. INFORMANT Address L. L. Wolf, Lamar, Missouri, R#1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary insufficiency; dropsy</i>					INTERVAL BETWEEN ONSET AND DEATH <i>8 Months</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <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.) LAMAR		20f. CITY, TOWN, OR LOCATION COUNTY STATE Barton Mo		
21. I attended the deceased from <i>July 1</i> to <i>Jan 7</i> and last saw her alive on <i>Jan 7</i> Death occurred at <i>5:07</i> p. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>DR. Guedner M.D.</i>			22b. ADDRESS <i>LAMAR</i>		22c. DATE SIGNED <i>1.8.59.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan 9 1959	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Missouri		
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. JAN 9 - '59	26. REGISTRAR'S SIGNATURE <i>Masie Konantz</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Norman L. Thompson* .....

Licensed Embalmer No. *4816* .....  
P. O. Address *Lamar, Md.* .....

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.