

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

377-63-011255

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. <u>128</u> Primary Registration District No. <u>2000</u> Registrar's No. <u>2000</u> STATE FILE NUMBER	
FILED MAR 20 1963	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> Length of stay in 1b OR TOWN <u>45 MIN</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Johns Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
c. CITY OR TOWN <u>Ozark</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>St. Johns Hospital</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Neal</u> Middle <u>Glen</u> Last <u>McGinnis</u>	
4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1914</u>
9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker Bldg.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg.</u>	
11. BIRTHPLACE (City and state or country) <u>Ozark, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Carter McGinnis</u>	
13b. MOTHER'S MAIDEN NAME <u>Ollie Warren</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie McGinnis Ozark, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>	
16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT Address <u>Ollie McGinnis Ozark, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Valvular Heart Disease multiple (Mitral Stenosis - Aortic Insufficiency)</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) <u> </u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	
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.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>7 Jan 1961</u> to <u>8 March 63</u> and last saw him alive on <u>8 March 1965</u> Death occurred at <u>10:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>	
22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>18 March 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-11-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Selmore Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Christian Co, Mo</u>	
24. FUNERAL DIRECTOR <u>Adams-Monger, Ozark, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>3-18-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Mellon</u>	

USE BLACK INK OR TYPEWRITER RIBBON

Permit 3-8-63

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 Frederic M. Abbott

Licensed Embalmer No. 5715
P. O. Address Springfield, 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.