

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036770

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 166

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10535
20535

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4 0
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9331X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. FILED SEP 19 1963		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission)	
a. COUNTY Laclede		e. STATE Missouri f. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
Length of stay in 1b 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital		d. STREET ADDRESS (If outside, give location) 490 Hood	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Charley Palmer McGinnis			4. DATE OF DEATH Month Day Year Sept. 14, 1963
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 7-15-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Nebo, Missouri
13a. FATHER'S NAME James McGinnis		13b. MOTHER'S MAIDEN NAME Nancy Ann Barnes	14. NAME OF HUSBAND OR WIFE Linda McGinnis
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. Wm. Glenn McGinnis, son Davenport, Iowa	
17. INFORMANT Wm. Glenn McGinnis, son Davenport, Iowa		Address	
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, acute DUE TO (b) Atherosclerosis, Generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease			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 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. Month, Day, Year	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 COUNTY STATE	
21. I attended the deceased from 4-26-61 to 9-14-63 and last saw him alive on 9-14-63 Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B B Hunt MD.		22b. ADDRESS 255 N. ADAMS, LEBANON, Mo.	22c. DATE SIGNED 9-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-63	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon Missouri
24. FUNERAL DIRECTOR ADDRESS Charles F. Tyler, Lebanon Mo		25. DATE RECD. BY LOCAL REG. 9-16-1963	26. REGISTRAR'S SIGNATURE Hella L. May
Palmer Funeral Home, Lebanon, Mo (Licensed Embalmer's Statement on Reverse Side)			

UNRECORDED

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Labanon 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.

Permit Secured - 2-17-1968 - D.R.H.D.