

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18939

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u> c. LENGTH OF STAY (in this place) <u>14 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>24</u> OR TOWN <u>EXCELSIOR SPRINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>428 N. KIMBALL ST.</u>		d. STREET ADDRESS (If rural, give location) <u>428 N. KIMBALL ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>	b. (Middle) <u>D</u>	c. (Last) <u>MCGINNESS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1949</u>
--	----------------------	----------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 11, 1868</u>	9. AGE (in years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>SMITHVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>GEORGE W. DUNCAN</u>	13b. MOTHER'S MAIDEN NAME <u>HARRIET REED</u>	14. NAME OF HUSBAND OR WIFE <u>STROTHER H. MCGINNESS</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>- -</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.L. MCGINNESS, EX SPRINGS, MO.</u>	ADDRESS <u></u>
---	-------------------------------------	--	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary insufficiency</u> DUE TO (c) <u>General arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and Cerebral Thrombosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to 6-27, 1949, that I last saw the deceased alive on 6-27, 1949, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. L. McGinness, M.D. (1)</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>6/28/49</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6/28/49</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	ADDRESS <u>Ex Springs, Mo.</u>
---	---	--	--------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 8

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-8-49

**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.

Signed Lindell K. Jarman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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 this body is not embalmed, fact should be so stated above.