

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20392

Registrar's No. 154

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 154		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 6 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 1 1/2 miles northeast				
3. NAME OF DECEASED (Type or Print) LUCRETIA			a. (First)		b. (Middle)		c. (Last) MCGINNESS	
4. DATE OF DEATH		(Month) 6		(Day) 16		(Year) 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10/21/87		
9. AGE (In years last birthday) 61		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) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Suitman, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Smith			13b. MOTHER'S MAIDEN NAME Barbara Bowman			14. NAME OF HUSBAND OR WIFE Samuel C. McGinness		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Samuel C. McGinness, Sheridan, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Disease DUE TO (c) Myocardial Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH 2 2 2	
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) 592X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept 1947</u> , to <u>June 16, 1949</u> , that I last saw the deceased alive on <u>6-15, 1949</u> , and that death occurred at <u>4:10 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) B. D. Dyer M.D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 6-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/20/49		24c. NAME OF CEMETERY OR CREMATORY Hill Crest		24d. LOCATION (City, town, or county) (State) Skidmore, Missouri		
DATE REC'D BY LOCAL REG. 6-24-49		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		ADDRESS Maryville, Mo.		

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

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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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student

Robert L. Souter
Student Embalmer

Signed

Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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 this body is not embalmed, fact should be so stated above.