

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32739**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1214

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) Rural: Washington		c. CITY (If outside corporate limits, write RURAL and give township) Rural: Washington	
c. LENGTH OF STAY (In this place) 111e		d. STREET ADDRESS (If rural, give location) Belthiway&Faraon Sts.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Belthiway&Faraon Sts.			

3. NAME OF DECEASED (Type or Print) a. (First) David E. M b. (Middle) Henry c. (Last) McIninch			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 17, 1871		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner & Operator	
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Greenhouse	

13a. FATHER'S NAME David G. McIninch		13b. MOTHER'S MAIDEN NAME Addie Faunce		14. NAME OF HUSBAND OR WIFE Louise McIninch	
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 Louise McIninch ADDRESS 3802 Faraon, St. Joseph	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Metastatic pulmonary Carcinomatosis -- primary rest		INTERVAL BETWEEN ONSET AND DEATH Oct 5, 1950	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Known			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1998	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10-5, 1950, to 10-25, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23a. SIGNATURE Harold J. Bowman M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/27/1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			

DATE REC'D BY LOCAL REG. Oct 30, 1950		REGISTRAR'S SIGNATURE Carl C. Casper <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE Neater-Bowman Funeral Home ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. Burman

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William Spading*.....

Licensed Embalmer No. *7535*.....

P. O. Address. *3195 10th St. S. Jackson*.....

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.