

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36696

State File No. ....

FILED NOV 25 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1035

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>springfield</u> <u>0396</u>	
c. LENGTH OF STAY (in this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>829 College Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>829 College Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u>		b. (Middle) _____ c. (Last) <u>GINGER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1950</u>			
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>5</u>	8. DATE OF BIRTH <u>18 March 1915</u>
9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Christian County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Ginger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Faught</u>	
14. NAME OF HUSBAND OR WIFE <u>Ella Ginger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Ginger, Springfield, Missouri</u>		ADDRESS	
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 <u>Diabetes Mellitus</u>  INTERVAL BETWEEN ONSET AND DEATH <u>second years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 _____, 19____, until I last saw the deceased dead on <u>Nov. 24</u> , 19 <u>50</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.E. Handley M.D.</u>		23b. ADDRESS <u>Local 1000 Vital Statistics City Hall Springfield Mo</u>	
23c. DATE SIGNED <u>11/22/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/24/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Payne</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/22/50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Thomas</u>		ADDRESS <u>Springfield, Mo.</u>	

Mr. John  
Dillon  
47942

**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 Ralph H. Thiers

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

**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.