

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22281**

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **2008** Registrar's No. **200**

1143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0140	
c. LENGTH OF STAY (If this place) 20 Days		d. STREET ADDRESS (If rural, give location) R.F.D. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Allen	c. (Last) Gingrich	4. DATE OF DEATH (Month) (Day) (Year) July 27 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-6-1879	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR 10 Days IF UNDER 24 HOURS 21 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Perry Co., Pennsylvania	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob Gingrich	13b. MOTHER'S MAIDEN NAME Martha Rosensteel	14. NAME OF HUSBAND OR WIFE Sarah Acison Gingrich
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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 Mrs. John A. Gingrich	ADDRESS Fulton, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Carcinoma Sigmoid		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritoned & Liver metastases			9 mo.

19a. DATE OF OPERATION 7-20-51	19b. MAJOR FINDINGS OF OPERATION Peritoned & Liver metastases	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) 4500 H
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **July 23 (2) 1951**, to **Death**, 19____, that I last saw the deceased alive on **7-26**, 1951, and that death occurred at **9:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Brown M.D.	23b. ADDRESS Fulton	23c. DATE SIGNED 7-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-29-1951	24c. NAME OF CEMETERY OR CREMATORY U.B. Church Cem.	24d. LOCATION (City, town, or county) (State) Rural S. Fulton Mo.
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DATE REC'D BY LOCAL REG. July 28 1951	REGISTRAR'S SIGNATURE Martha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 30 1951

RECEIVED

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Russell C. Maas

Licensed Embalmer No. *4804*

P. O. Address *Fulton, 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.