

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **24222**

FILED JUL 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5459</u>		Registrar's No. <u>703</u>	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, with RURAL and TWP.) OR TOWN Rt. #4 Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, with RURAL and TWP.) OR TOWN Rt. #4 Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION Elwood				d. STREET ADDRESS (If rural, give location) Elwood			
3. NAME OF DECEASED (Type or Print)			a. (First) Edward	b. (Middle) J.	c. (Last) Ginn	4. DATE OF DEATH (Month) (Day) (Year) July 23 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8 July 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.J.Ginn Rt.#4 Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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)			
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 <u>July 18, 1952</u> , to <u>July 23, 1952</u> , that I last saw the deceased alive on <u>July 22, 1952</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE E.M. LeCompte (Degree or title) M.D.				23b. ADDRESS Brookline, Mo.		23c. DATE SIGNED 7/24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July - 25 - 1952		24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Greene County Mo.	
DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE Faith Williamson Reg.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co Springfield, 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 _____

Student Embalmer No. 468

working under my personal supervision.

Student Salvey J. Patten
Student Embalmer

Signed Igle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.