

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24754**
Registrar's No. **303**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 14yrs		d. STREET ADDRESS (If rural, give location) 2126 Vermont St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2126 Vermont St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Rev. CHARLES	b. (Middle) CALVIN	c. (Last) MCGINLEY	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 12, 1866	9. AGE (In years last birthday) 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	11. BIRTHPLACE (City and State or Foreign Country) Maryville, Tenn. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph McGinley	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Ella M McGinley Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth M Hallam	ADDRESS Riverside Ill.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction of the Purkinje type - I infarction and hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis Anemia		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Prostate Cancer	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 **May**, 1948, to **July 27, 1952**, that I last saw the deceased alive on **July 26, 1952**, and that death occurred at **12:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Allen M.D.	23b. ADDRESS Independence, Mo 7/28/52	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
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DATE REC'D BY LOCAL REG. 7-29-52	REGISTRAR'S SIGNATURE Ruth M Hallam	25. FUNERAL DIRECTOR'S SIGNATURE Att + Mitchell	ADDRESS Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0435

AUG 18 1952

AUG 13 1952

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address In Dep 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.