

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32538

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pike
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green
d. STREET ADDRESS (If rural, give location) 0820

3. NAME OF DECEASED (Type or Print)
(First) JAMES (Middle) — (Last) McGinnis
4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1952

5. SEX Male 6. COLOR OR RACE colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1998 11 25 9. AGE (In years) (Months) (Days) (Hours) (Min.) 54 11 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pike Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Irvin McGinnis 13b. MOTHER'S MAIDEN NAME Katie Russell 14. NAME OF HUSBAND OR WIFE Nettle McGinnis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nettle McGinnis

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) Chronic myocarditis
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 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO 4222

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) (Min.)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1952, to 9/29, 1952, that I last saw the deceased alive on Sept 29th, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Price, M.D. 23b. ADDRESS Bowling Green, Missouri 23c. DATE SIGNED 10/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 1st 1952 24c. NAME OF CEMETERY OR CREMATORY Church of God 24d. LOCATION (City, town, or county) (State) Lincoln Co. Mo

DATE REC'D BY LOCAL REG. 10-11-52 REGISTRAR'S SIGNATURE Bill Robinson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grace Danforth Bowling Green

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

VS SEP 17 1958

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.....

Harold P. Hicks

Signed.....

Student Embalmer

Licensed Embalmer No. *43297*

P. O. Address *Bowling Green*

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.