

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 12 1953

BIRTH NO. .... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Marion Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Marion Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0 840</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Mollie</b> c. (Last) <b>McGinnis</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1953</b>		5. SEX <b>female</b> 6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug. 4, 1872</b>	
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lowry City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Theron Wilkinson</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Walton</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George McGinnis</b>		ADDRESS <b>Bolivar, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of forearm</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>embolus in radial artery 2 wks</b> DUE TO (c) <b>General arteriosclerosis of</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4501</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <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 <b>10/20</b> , 19 <b>53</b> , to <b>11-1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/30</b> , 19 <b>53</b> , and that death occurred at <b>8:20 p m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>St. M. Ceran</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Bolivar, Mo.</b>	
23c. DATE SIGNED <b>11/2/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>Nov. 3, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Polk County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Nov. 4, 1953</b>	
REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b> ADDRESS <b>Bolivar, Mo.</b>	

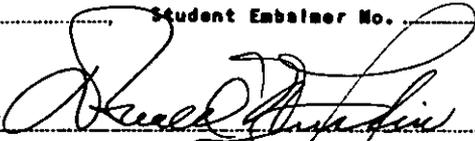
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.