

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1954

State File No. **4847**
Registrar's No. **785**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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 **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

e. STREET ADDRESS (If rural, give location) **No 6820, Edgevale Road** **3848**

3. NAME OF DECEASED
a. (First) **Harriett** b. (Middle) **J.** c. (Last) **Ginbey**

4. DATE OF DEATH **February 19, 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **Oct. 24, 1878**

9. AGE (In years) **75**
if UNDER 1 YEAR Months Days
if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work as done most of working life, even if retired) **AT HOME ASST. TREAS.**

10b. KIND OF BUSINESS OR INDUSTRY **THE THOMPSON-HAYWARD CHEMICAL COMPANY**

11. BIRTHPLACE (City and State or Foreign Country) **UTICA, NEW YORK**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **GEORGE GINBEY**

13b. MOTHER'S MAIDEN NAME **HARRIETTE WADSWORTH**

14. NAME OF HUSBAND OR WIFE

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. **486-01-6759**

17. INFORMANT'S SIGNATURE OR NAME **MISS JULIA M. GINBEY** ADDRESS **6820 EDGEVALE RD. KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) **Pulmonary edema**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **multiple myocardial infarcts**
DUE TO (c) **Hypertensive Cardiovascular disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hiatal Hernia**

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. H. Zimmerman** (Degree or title) **M.D. Pathologist**

23b. ADDRESS **St. Joseph Hospital**

23c. DATE SIGNED

24a. BURIAL (CREMATION) REMOVAL (Specify) **BURIAL**

24b. DATE **FEB 21-1954**

24c. NAME OF CEMETERY OR CREMATORY **LONE FLM CEMETERY**

24d. LOCATION (City, town, or county) (State) **GARNETT KANSAS**

DATE REC'D BY LOCAL REG. **2-20-54** REGISTRAR'S SIGNATURE **Sheldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **DW Newcomer Sons** ADDRESS **1321 BRUSH CREEK KANSAS CITY MO.**

WRITE PLAINLY—USING UNEADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Roscoe J. Boyer*

Licensed Embalmer No. *489*

P. O. Address *K.C. 10, 1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.