

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33903**

No. 300
10.48

FILED NOV 10 1954

4912

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4912</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>—</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakesides Hospital</u>				STREET ADDRESS (If rural, give location) <u>6820 Edgevale Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Ginbey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-54</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>SEPT-23-18-72</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work now or kind of working life, even if retired) <u>Book Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Business Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Utica New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE GINBEY</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETTE WADSWORTH</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>496-09-2941</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES W. GINBEY</u>		ADDRESS <u>ARKANSAS CITY, MO.</u>	
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>				<u>10 yrs</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterio sclerosis</u>				<u>20 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>10/22</u> , 19 <u>54</u> , to <u>10/23/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/22</u> , 19 <u>54</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deaf or title) <u>Joseph A. Fogarty</u>				23b. ADDRESS <u>402 Northman Bldg</u>		23c. DATE SIGNED <u>10/23/54</u>	
23a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>OCT-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOVE ELM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GARNETT KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>10-23-54</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>		ADDRESS <u>1351 Brush Creek KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Joseph A. Fogarty

MS
SEP 25 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert E. Herms

Licensed Embalmer No. 48

P. O. Address *R. E. Herms*

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.