

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36518

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 327

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| 1. PLACE OF DEATH a. COUNTY <u>Boone County Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>17 days</u> | c. CITY OR TOWN <u>Columbia, Mo.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | STREET ADDRESS (If rural, give location) <u>Route #5 (Powell T. Court)</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Louise</u> c. (Last) <u>Gingerich</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 1 54</u> |
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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>7-18-1879</u> | 9. AGE (to years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Phillip Fischer</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fischer</u> | 14. NAME OF HUSBAND OR WIFE (deceased) <u>Otto Gingerich</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Esther Reed Hutton</u> ADDRESS <u>Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>etiology unknown</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</u> | | | |

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| 19a. DATE OF OPERATION <u>Nov 26, 1954</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Hepatogenous jaundice (Cirrhosis of liver)</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, Md., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov 24, 1954, to Dec 1, 1954, that I last saw the deceased alive on 12-1, 1954, and that death occurred at 7 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John J. Modlin</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Columbia Missouri</u> | 23c. DATE SIGNED <u>Dec 3 54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>12/4/1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mohall</u> | 24d. LOCATION (City, town, or county) (State) <u>Mohall, North Dakota</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 3 1954</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynn Sprinkle</u> ADDRESS <u>Memorial Funeral Home, Columbia, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynman H. Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columb*

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.