

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18308

State File No. _____

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 502-I

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arizona</u> b. COUNTY <u>Maricopa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Phoenix</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>367 N 21st Ave</u> <u>800g</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Farris</u> c. (Last) <u>McGinnis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>1-8-16-1944</u>		9. AGE (In years last birthday) <u>X 10</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Gainesville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Alvin McGinnis</u>		13b. MOTHER'S MAIDEN NAME <u>Cabbie Crawford</u>		14. NAME OF HUSBAND OR WIFE _____	
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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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Callie Crawford, Phoenix, Arizona</u> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration of Brain</u>		DUPLICATE OF (a) <u>cerebral edema</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		<u>E9191</u> <u>19</u>	

19a. DATE OF OPERATION <u>6-8-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Skull Fracture, Laceration of brain 077</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bridges Twp. Ozark, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-8-55-2:15 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Child hunting with 22 Rifle</u>	
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22. I hereby certify that I attended the deceased from 6-8, 1955, to 6-9, 1955, that I last saw the deceased alive on 6-9, 1955, and that death occurred at 1/2 12 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Haugens</u> (Degree or title) _____		23b. ADDRESS <u>609 Cherry St.</u>		23c. DATE SIGNED <u>6-14-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hily Ridge</u>	
		24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>June 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Gainesville, Mo.</u>	
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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 *John R. Gray*

Licensed Embalmer No. *488*

P. O. Address *Princetonville*

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.