

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36395**

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5367 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Sheridan Twp.		c. LENGTH OF STAY (In this place) Few Hours	c. CITY OR TOWN Rural Sheridan Twp.
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of J. B. Wilson		STREET ADDRESS (If rural, give location) 4 Miles S.E. Altamont, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Bryant	c. (Last) McGinnis	4. DATE OF DEATH (Month) (Day) (Year) November 24 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Daviess Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Asia McGinnis	13b. MOTHER'S MAIDEN NAME Lillie Horton	14. NAME OF HUSBAND OR WIFE Elizabeth McGinnis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. B. McGinnis	ADDRESS Altamont, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES DUE TO (b) Cardiac asthma		
	DUE TO (c) Edema of lungs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov 1, 1955, to Nov 24, 1955, that I last saw the deceased alive on Nov 20, 1955, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE H.W. Bailey D.D.	(Degree or title)	23b. ADDRESS Gallatin, Mo.	23c. DATE SIGNED Nov 25
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-27-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	24d. LOCATION (City, town, or county) (State) Altamont, Missouri
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DATE REC'D BY LOCAL REG. 11-28-55	REGISTRAR'S SIGNATURE Virginia M. Engelbert	25. FUNERAL DIRECTOR'S SIGNATURE R. O. Anderson	ADDRESS Hope Funeral Home, Gallatin, Mo.
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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 *L. O. Lichessan*

Licensed Embalmer No. *33*

P. O. Address *Fallston,*

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.