

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1955

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>8 Days</u>	c. CITY OR TOWN <u>Mc Credie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>RFD Mc Credie Mo. 0141</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Madge</u> b. (Middle) <u>Lee</u> c. (Last) <u>Gingrich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Theodore Beavin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Long</u>		14. NAME OF HUSBAND OR WIFE <u>J. Elwood Gingrich</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Elwood Gingrich, McCredie, Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertention</u>			
	DUE TO (c) <u>4201</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had a mild stroke several yrs ago</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) m.	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 Dec 6, 1955 to Dec 12, 1959, that I last saw the deceased alive on Dec 17, 1953 and that death occurred at about 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>12-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Gar. Fulton Mo.</u>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <u>Dec 17-1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>426</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1963

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 *Wm. A. Stewart*

Licensed Embalmer No. *37*

P. O. Address *Fulton*

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.