

FILED DEC 21 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41480

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5282</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		a. STATE <u>Iowa</u>		b. COUNTY <u>Lucas</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Lucas</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>814th St</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Mary</u>	b. (Middle) <u>A</u>	c. (Last) <u>Ginn</u>	Month <u>Dec</u>	Day <u>3</u>	Year <u>1956</u>		
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>4-27-1875</u>		9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR Months <u>8</u>	If UNDER 1 HR. Days <u>3</u>
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>Lucas Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Andrew Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel T. Ginn</u>			
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miley Matuony Chariton</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, asthma, 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>Ischemic Coronary Arteriosclerosis</u>		DUE TO <u>Acute Myocardial Infarction</u>				<u>3 days</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>myocarditis</u>				<u>3 day</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>U.S.A.</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 <u>Nov 29, 1956</u> , to <u>Dec 3, 1956</u> , that I last saw the deceased alive on <u>Dec 2, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. H. Thiesse</u>				23b. ADDRESS <u>4620 Nichols Highway</u>		23c. DATE SIGNED <u>12-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>12-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tray Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas Iowa</u>			
DATE REC'D BY LOCAL REG. <u>12-4-56</u>		REGISTRAR'S SIGNATURE <u>Bevera Trinchall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miley Matuony Chariton</u>			
				ADDRESS <u>Chariton, Iowa</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edw. H. Thiesse

8-1-55-114

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 P. ...*

Licensed Embalmer No. *453*

P. O. Address *James St.*

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.