S. No. 300
v. 10.48

FILED JUL 22 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23383

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 252

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville Mo.
c. LENGTH OF STAY (In this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Home#1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: KNOX
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina Missouri
d. STREET ADDRESS (If rural, give location): 0520

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edward
b. (Middle): J.
c. (Last): McGinnis

**4. DATE OF DEATH** (Month) (Day) (Year): July 13 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb 16, 1883
**9. AGE** (In years last birthday): 74 — 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): Foreman, Wagons
**10b. KIND OF BUSINESS OR INDUSTRY**: Wagon maker
**11. BIRTHPLACE** (State or foreign country): Edina, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward McGinnis
**13b. MOTHER'S MAIDEN NAME**: Mary Dolan
**14. NAME OF HUSBAND OR WIFE**: Clara McGinnis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 494-05-0534
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. L. W. Early
**ADDRESS**: Baring, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia & Inanition — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis — months
DUE TO (c) Generalized arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 334X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 16, 1956, *to* July 13, 1957, *that I last saw the deceased alive on* July 13, 1957, *and that death occurred at* 2 15/60 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: George H. Scheurer (Degree or title) M.D.
**23b. ADDRESS**: Kirksville, Mo.
**23c. DATE SIGNED**: 7-15-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 16-57
**24c. NAME OF CEMETERY OR CREMATORY**: St. Joseph's Cemetery
**24d. LOCATION** (City, town, or county) (State): Edina, Missouri

**DATE REC'D BY LOCAL REG.**: 7-18-1957
**REGISTRAR'S SIGNATURE**: Doris W. Ratliff
**25. FUNERAL DIRECTOR'S SIGNATURE**: Paul C. Kriegshauser
**ADDRESS**: Edina Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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## 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 .....
Student Embalmer

Signed Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

**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 this body is not embalmed, fact should be so stated above.