

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28680

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY OR TOWN <u>Chillicothe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		a. STATE <u>Missouri</u>	b. COUNTY <u>Livingston</u>
c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1113 Monroe Street</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>DANIEL</u>	b. (Middle) <u>CLARENCE</u>	c. (Last) <u>GINTHER</u>
4. DATE OF DEATH	<u>August 27, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10 June 1917</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Mins. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Christian Church</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Vernon, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edward B. Ginther</u>		13b. MOTHER'S MAIDEN NAME <u>Lona Bell Grey</u>	14. NAME OF HUSBAND OR WIFE <u>Fay Shirley Brown Ginther</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 AND ADDRESS <u>Mrs. D. C. Ginther; Chillicothe, Mo.</u>
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</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) <u>Hypertensive vascular disease</u>	<u>Unknown</u>
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
		<u>Diabetes mellitus</u>	<u>2 months</u>
		<u>Uremia</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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>7/18</u> , 19 <u>57</u> , to <u>8/27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8/27</u> , 19 <u>57</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William L. Fair, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>8/28/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Batavia Illinois</u>
DATE REC'D BY LOCAL REG. <u>8/28/57</u>	REGISTRAR'S SIGNATURE <u>Francesa B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Norman Funeral Home; Chillicothe, Mo</u>	

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.