

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014572  
STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 208

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1216 Glenwood</b>	
Length of stay in 1b <b>5 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Guy C. McGinnis</b>			4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 14, 1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Fargo, North Dakota</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Phillip McGinnis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Christing Esby</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Anna McGinnis</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-09-8930A</b>	17. INFORMANT <b>Mrs. Anna McGinnis</b>	Address <b>1216 Glenwood Kansas City 22, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac tamponade due to rupture left ventricle.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Right Coronary (post) occlusion with infarction.</b>	
	DUE TO (c) <b>4201</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Extensive Arteriosclerosis, Pulmonary edema, Granular kidneys.</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>4-30-58</b> , to <b>5-5-58</b> and last saw <sup>him</sup> alive on <b>5-5-58</b> Death occurred at <b>6:05</b> <b>p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Drs. Grabske &amp; Link</b> (Degree or title) <b>Vance E. Link, M.D.</b>	22b. ADDRESS <b>10901 Winner, Independence, Mo.</b>	22c. DATE SIGNED <b>5-6-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/7/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jackson County Missouri</b>
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24. FUNERAL DIRECTOR <b>Geo. C. Carson</b>	ADDRESS <b>Indep., Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-7-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 1 1962

MAY 13 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 C. Ray Landerback

Licensed Embalmer No. 5027  
P. O. Address Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.