

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017602

STATE FILE NUMBER

FILED MAY 10 1958

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 37

300  
1-57  
002

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Excelsior Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Excelsior Springs</i> 600-27
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>526 Benton</i>		Length of stay in lb. <i>4 years</i>	d. STREET ADDRESS (If outside, give location) <i>526 Benton</i>

3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Lee</i> Last <i>McGinnis</i>			4. DATE OF DEATH Month <i>April</i> Day <i>28</i> Year <i>1958</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 2, 1918</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming</i>	11. BIRTHPLACE (City and state or country) <i>Clay County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Strother McGinnis</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Sample</i>		14. NAME OF HUSBAND OR WIFE <i>Ida (nee) McGinnis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Miss Alberta Sample, Excelsior Springs, Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Murder</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Arteriosclerosis</i>			
DUE TO (c) <i>4500</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Nutritional Anemia due to Chronic Gastric Ulcer</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)		
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
21. I attended the deceased from <i>1-29-57</i> to <i>4-28-58</i> and last saw her/him alive on <i>4-28-58</i> Death occurred at <i>5130 1/2</i> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Leopold K. Hoppe, M.D.</i>	22b. ADDRESS <i>Excelsior Springs, Mo</i>	22c. DATE SIGNED <i>4/28/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 30, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Crowley Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Rayville, Missouri</i>
24. FUNERAL DIRECTOR <i>Quest. A. La Fournelle</i> ADDRESS <i>Richmond, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>4/31/58</i>	26. REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>

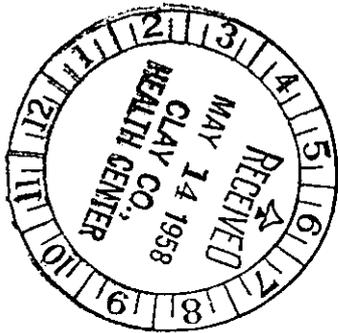
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

62-0



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 *George H. Hill* .....

Licensed Embalmer No. *4066* .....  
P. O. Address *Richmond, Va.*

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.