. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

94258-57

58-019324
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Moberly — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Hospital — Length of stay in 1b: 30 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Randolph
c. CITY OR TOWN: Clark 0880 0 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Mahlon — Middle: J. — Last: Gingerich

4. DATE OF DEATH: Month: May — Day: 29, — Year: 1958

5. SEX: Male 6

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH: Dec. 12, 1957

9. AGE (In years last birthday): ~~56 mos.~~ — IF UNDER 1 YEAR: Months 5, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Moberly, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jake E. Gingerich

13b. MOTHER'S MAIDEN NAME: Mary Troyer

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT — Address: Jake E. Gingerich, Clark, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Paralysis	36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Anoxia	3 days
DUE TO (c)	Asphyxiation due to trauma 9360 22	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Face caught against mattress in bed, held by bedbrace

20c. TIME OF INJURY: 6:00 Hour a.m. ~~p.m.~~ Month, Day, Year: ~~26~~ - 58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

20f. CITY, TOWN, OR LOCATION: R.D. D. Clark, 088 — COUNTY: Randolph — STATE: Missouri

21. I attended the deceased from May 28, 1958, to May 29, 1958 and last saw her/him alive on May 29, 1958
Death occurred at 2:18 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benj S. Jolly DO. 2

22b. ADDRESS: 203½ N. Clark, Moberly, Mo.

22c. DATE SIGNED: 5-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-31-58

23c. NAME OF CEMETERY OR CREMATORY: Amish Cemetery

23d. LOCATION (City, town, or county) (State): R.F.D. Clark, Mo

24. ~~FUNERAL DIRECTOR~~ — ADDRESS: Jake E. Gingerich, Clark Mo

25. DATE RECD. BY LOCAL REG.: 5-29-58

26. REGISTRAR'S SIGNATURE: [signature]

Body cared for by father

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.