THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020977

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 606

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1801 Pacific St. — Length of stay in Ib: 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1801 Pacific St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: SARAH Middle: SYLVESTA Last: GINTER

4. DATE OF DEATH: Month: June Day: 8 Year: 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ 2 **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 19, 1880

9. AGE (In years last birthday): 77 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Not known 9

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William B. Chambers

13b. MOTHER'S MAIDEN NAME: Sarah Elizabeth Baker

14. NAME OF HUSBAND OR WIFE: David Ginter (Deceased)

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.: None

17. INFORMANT: Mrs. George Matlock Address: 1315 Boyd St. St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Massive Sloughing of Decubital of Buttocks — Unk.
DUE TO (c):
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 ☑ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/10/57, to 6/8/58 and last saw her alive on 6/8/58
Death occurred at 7:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S E McEnery M.D.

22b. ADDRESS: Social Welfare Board 10th & Olive, St. Joseph, Mo.

22c. DATE SIGNED: 6/9/58

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

23b. DATE: 6-11-58

23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Stamey Funeral Home NHS

ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: June 10, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SE McEnery

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.