

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022549
STATE FILE NUMBER

FILED JUN 26 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 17

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Macon, Mo. TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Hagers Grove TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Samaritan Hosp INSTITUTION		Length of stay in 1b 10 hrs	d. STREET (If outside, give location) ADDRESS Rural Clarence, Mo.

3. NAME OF DECEASED (Type or print) First Ira Middle Willis Last Gingrich			4. DATE OF DEATH Month June Day 2 Year 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 22, 1886	9. AGE (In years at birthday) 72	F UNDER 1 YEAR Months	I YEAR Days	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) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (City and state or country) Monroe County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Simon R. Gingrich	13b. MOTHER'S MAIDEN NAME Annie Thomas	14. NAME OF HUSBAND OR WIFE Letha Griffin Gringrich
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NO	17. INFORMANT Address Mrs. Thorndon Barton, Clarence
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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) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive & Arteriosclerotic Heart Disease	7 days
	DUE TO (c) Acc Acute Epistaxis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 June 2 , to June 2 and last saw her alive on June 2 Death occurred at 9:05 pm on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE James E. Campbell M.D. (Degree or title)	22b. ADDRESS Macon, Mo.	22c. DATE SIGNED 6/16/58
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23a. BURIAL, CREMATION, etc. (Specify) Buried	23b. DATE June 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Hagers Grove cemetery	23d. LOCATION (City, town, or county) (State) Hagers Grove Missouri
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24. FUNERAL DIRECTOR Greening Funeral Home Address Clarence, Mo.	25. DATE RECD. BY LOCAL REG. 6/16/58	26. REGISTRAR'S SIGNATURE Ruth Muehly
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(Licensed Embalmer's Statement on Reverse Side)

Docu-ri, coronar, 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

Date Filed 6.25.58

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 V. Green

Licensed Embalmer No. 4625

P. O. Address Clarence

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.