

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039958  
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5340

300  
1-57 1

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>625 McGee</i>		Length of stay in <sup>1</sup> / <sub>b</sub> <i>5 months</i>	d. STREET ADDRESS (If outside, give location) <i>1625 McGee</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Robert Willingham Ginsburg</i>			4. DATE OF DEATH Month Day Year <i>Nov. 9 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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 20 1900</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Floorman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>K.C. Star</i>	9. AGE (In years last birthday) <i>58</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) <i>Brazil</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Solomon L. Ginsburg</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Morton</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary G. Ginsburg</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>	
16. SOCIAL SECURITY NO. <i>487-40-9586</i>		17. INFORMANT <i>Coroner K.C.Mo.</i> Address	
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>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hrs</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Geo. C. Keel M.D. Coronor</i>		22b. ADDRESS <i>6627 Resnet 50ms</i>	
22c. DATE SIGNED <i>11-10-58</i>		23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>11-11-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Osceola Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Osceola Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Goodrich, Osceola, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>11-11-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Grey Buffington* .....

Licensed Embalmer No. *27516* .....  
P. O. Address *N.C. 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.