

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013419

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 2038

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>			Length of stay in lb <u>5 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>3409 Penn</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>JOSEPH</u> Last <u>MCGINLEY</u>				4. DATE OF DEATH Month <u>4</u> Day <u>22</u> Year <u>59</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-31-1893</u>		
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Rock Crusher</u>		11. BIRTHPLACE (City and state or country) <u>Garnett, Kns. Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Hugh McGinley</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Ravenscroft</u>			14. NAME OF HUSBAND OR WIFE <u>Stephanic McGinley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-03-2302H</u>		17. INFORMANT <u>Stephanic McGinley</u>		Address <u>3409 Penn K. C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Branchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>491X</u>						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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 <u>4-17-59</u> to <u>4-22-59</u> and last saw ^{him} alive on <u>4-22-59</u> Death occurred at <u>12:55 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Abraham Gelpin</u> (Degree or title)			22b. ADDRESS <u>Gen. Hospital</u>			22c. DATE SIGNED <u>4-22-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-24-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Frontenac, Kansas</u>		
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>			ADDRESS <u>20 W. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-59</u>		26. REGISTRAR'S SIGNATURE <u>Neve Minshall</u>	

All diseases in Part I must be causally related.

Abraham Gelpin M. D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John H. Bryce*

Licensed Embalmer No. *2227*

P. O. Address *NC 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.