

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002136

FILED FEB 3 1960 District No. 56 Primary Registration District No. 2001 Registrar's No. 49 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN | Length of stay in 1b 20 mos. | c. CITY OR TOWN JOPLIN | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1403 W. 2nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------------|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) Bobby McGINNIS | | | 4. DATE OF DEATH Month Day Year JAN 28 1960 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1 May 1958 | 9. AGE (last birthday) 20 mos. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (City and state or country) JOPLIN, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME G. G. MCGINNIS | | | 13b. MOTHER'S MAIDEN NAME RUTH STEVENS | | 14. NAME OF HUSBAND OR WIFE NONE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT G. G. MCGINNIS, JOPLIN, MO Address | | |

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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) L BRONCHO PNEUMONIA | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) FATTY DYSTROPHY LIVER, ANEMIA, DUE TO (c) ADRENAL CORNEAL HYPOPLASIA | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Autopsy findings | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Month, Day, Year 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 Did not attend, and last saw her him alive on 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at | | | |

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| 22a. SIGNATURE (Degree or title) Wendell M. Brown, M.D., Coronary Surgeon, Med Arts Bldg, Joplin Mo. | | 22b. ADDRESS | 22c. DATE SIGNED 2-1-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 30 JAN 1960 | 23c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK | 23d. LOCATION (City, town, or county) (State) JOPLIN Mo |
| 24. FUNERAL DIRECTOR Hurlbut Glover, Joplin | | 25. DATE RECD. BY LOCAL REG. 2-2-1960 | 26. REGISTRAR'S SIGNATURE Dove Merriam |

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin,

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.