

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-026145**

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 34

AMENDED

**FILED JUL 18 1961**

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bridges</b>		Length of stay in 1b <b>76 yrs</b>	c. CITY OR TOWN <b>Gainesville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Farm</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sally</b> Middle <b>Lizabeth</b> Last <b>McGinnis</b>			4. DATE OF DEATH Month <b>7-</b> Day <b>5-</b> Year <b>1961</b>
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-15-83</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Roachport, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>		13a. FATHER'S NAME <b>Tandy Duncan</b>	
13b. MOTHER'S MAIDEN NAME <b>Sally Duffman</b>		14. NAME OF HUSBAND OR WIFE <b>John L. McGinnis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>John L. McGinnis, Gainesville</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Influenza</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 days</b>
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 <b>Leukopenia (2-400 WBC MKM)</b>			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
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 <b>June 1, 1961</b> to <b>July 5, 61</b> and last saw her/him alive on <b>July 4, 1961</b> Death occurred at <b>5 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. J. Hoerman D.O.</b>		22b. ADDRESS <b>Gainesville, Mo</b>	22c. DATE SIGNED <b>7-11-61</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-7-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mammoth</b>	23d. LOCATION (City, town, or county) (State) <b>Ozark County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Clinkingbeard, Gainesville, M.</b>		25. DATE RECD. BY LOCAL REG. <b>7-11-61</b>	26. REGISTRAR'S SIGNATURE <b>Thane Mahan</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

JAN 18 1962

**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 R. Urey

Licensed Embalmer No. 4885

P. O. Address Gainesville, 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.