

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011701

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 10

FILED APR 4 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina, Missouri		Length of stay in 1b 2 weeks	c. CITY OR TOWN Baring Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Baring Missouri
3. NAME OF DECEASED (Type or print) First William Middle Francis Last McGlinchey		4. DATE OF DEATH Month March Day 26 Year 1962	
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 3-13-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 84
11a. FATHER'S NAME William McGlinchey		11b. MOTHER'S MAIDEN NAME Rose Dorsey	11c. NAME OF HUSBAND OR WIFE None
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. _____	12c. INFORMANT John Marra Edina, Missouri
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uroperia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Recurrent Urinary Cystitis with Ascending Urinary Infection DUE TO (b) Enlargement of the Prostate Gland. DUE TO (c) _____			13. INTERVAL BETWEEN ONSET AND DEATH _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			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
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 13.) _____	
17. TIME OF INJURY _____	18. HOUR _____	19. MONTH, DAY, YEAR _____	20. _____
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	23. CITY, TOWN, OR LOCATION _____	24. COUNTY _____ STATE _____
25. I attended the deceased from March 13, 1962 to March 26 and last saw her/him alive on March 26, 1962		26. Death occurred at 10:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
27. SIGNATURE (Degree or title) E. H. Gibson, D.O.		28. ADDRESS Edina Mo.	29. DATE SIGNED 3-28-62
30. BURIAL, CREMATION, REMOVAL (Specify) Burial	31. DATE 3-29-1962	32. NAME OF CEMETERY OR CREMATORY St. Joseph's Old Cem.	33. LOCATION (City, town, or county) (State) Edina Missouri
34. FUNERAL DIRECTOR Kriegshauser Bros. Edina, Mo.	35. DATE RECD. BY LOCAL REG. Mar. 30. 1962	36. REGISTRAR'S SIGNATURE J. L. S. Humatt	

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.