DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9544

Registration District No. 98 — Primary Registration District No. 4162 — Registrar's No. 13

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Lock Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Lock Springs (If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Andrew Gilbert Minnick

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iva Minnick

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 15 (Day) 1870 (Year)

8. AGE: Years 74 Months 8 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Lock Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Physician

11. Industry or business Medical Doctor

FATHER
12. Name James Minnick
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Adaline McKinney
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Mrs. Iva Minnick
(b) Address Lock Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lock Springs Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 2-15-1945 (Date received local registrar) (b) L. D. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1945 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from Feb. 13, 1945 to Feb. 14, 1945; that I last saw him alive on Feb. 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. R. Dodson (M. D. ~~or other~~)
Address Gallatin Mo Date signed 2-15-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

MAY 1 1953

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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 this body is not embalmed, above space should be left blank.