

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11598

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>485</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt 44</u>			
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>3 wks</u>		c. CITY OR TOWN <u>Fortesene "Rural" Minton twp</u>		d. STREET ADDRESS (If rural, give location) <u>--</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>--</u>			
3. NAME OF DECEASED a. (First) <u>Joe</u>			b. (Middle) <u>Minton</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 29 - 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 18 1890</u>		9. AGE (In years last birthday) <u>68</u>	if UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	if UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bigelow Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. M. Minton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Shepard</u>		14. NAME OF HUSBAND OR WIFE <u>Charles H. Thomas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Minton</u> ADDRESS <u>St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized Diabetes Mellitus</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 7-49</u> , 1949, to <u>April 29</u> , 1949, that I last saw the deceased alive on <u>April 29</u> , 1949, and that death occurred at <u>7:35 P. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Butler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>902 Edmond, St. Joseph, Mo</u>		23c. DATE SIGNED <u>4-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery, Mound City</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG <u>May 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Carb. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Campbell</u> ADDRESS <u>Mound City Mo.</u>			

EMAN 3

1950

MAY 9 1949

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
Student Embalmer

Signed W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Maund City, 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, fact should be so stated above.