

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16432

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		c. CITY OR TOWN <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>216 N. Jefferson Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 N. Jefferson Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>216 N. Jefferson Ave.</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Minkler</u> (Type or Print)			d. DATE OF DEATH (Month) (Day) (Year) <u>May 23 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>June 23 1876</u>	
9. AGE (in years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Kleiner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Inesche</u>		14. NAME OF HUSBAND OR WIFE <u>Harry H. Minkler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerome J. Minkler</u> ADDRESS <u>Lebanon 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) <u>Transverse Colon strangulated in large left inguinal hernia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>3 weeks</u> <u>3 weeks</u> <u>Indef.</u>
19a. DATE OF OPERATION <u>May 2, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enormous distension of cecum - alectomy was performed</u>				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>5610</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 21</u> , 19 <u>49</u> , to <u>May 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 23</u> , 19 <u>49</u> , and that death occurred at <u>3:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ferrell H. Johnson M.D.</u>				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>5/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 26 1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

53
1
2

JUN 1 1949

Received ~~.....~~ JUN 1 1949

Laclede County Health Unit

File No. 6-47-67

Date Filed JUN 2 1949

FEB 15 1950

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.

Signed *Dorsey M. Howe*

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.