

S. No. 300  
V. 10-48

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26357

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY OR TOWN <b>Carrollton</b>		c. CITY OR TOWN <b>Carrollton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bales Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>111 N. Folger St. (Carrollton Mo)</b>	

3. NAME OF DECEASED (Type or Print) <b>Luther</b>	a. (First)	b. (Middle)	c. (Last) <b>Minnis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-24-49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 3, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR (Months) <b>9</b>	IF UNDER 24 HRS. (Days) <b>22</b>	IF UNDER 24 HRS. (Hours) <b>1</b>	IF UNDER 24 HRS. (Min.) <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Mdse.</b>	11. BIRTHPLACE (State or foreign country) <b>Carrollton Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William B. Minnis</b>	13b. MOTHER'S MAIDEN NAME <b>Sena Hulse</b>	14. NAME OF HUSBAND OR WIFE <b>Susan Grace Minnis</b>
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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'S SIGNATURE OR NAME <b>William Minnis</b>	ADDRESS <b>Carrollton Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>unknown</b> DUE TO (c) <b>atherosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <b>Carrollton</b> (COUNTY) <b>Carroll</b> (STATE) <b>Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at \_\_\_\_\_ m. (from the causes and on the date stated above.

23a. SIGNATURE <b>Walter Bales M.D.</b> (Degree or title)	23b. ADDRESS <b>Carrollton Mo.</b>	23c. DATE SIGNED <b>7-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-27-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/26/49</b>	REGISTRAR'S SIGNATURE <b>Mr. Herbert Cabrey</b> <b>45</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marshall F. Home</b> ADDRESS <b>Carrollton Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-18-49

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 *C. M. Marshall*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4469

P. O. Address Carrington

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.