

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4262

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2014 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>32 S. Leonard St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 S. Leonard St.</u>		d. STREET ADDRESS (If rural, give location) <u>32 S. Leonard St.</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>Miner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 23-1857</u>	
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>9</u> DAYS <u>12</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Cameron Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John R. Miner</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine P. Nave</u>	
14. NAME OF HUSBAND OR WIFE <u>Armanda Miner</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leonard Potter</u>		ADDRESS <u>Liberty, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Levility</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)			
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>Dec 10, 1947</u> , to <u>MARCH 7, 1950</u> that I last saw the deceased alive on <u>MARCH 5, 1950</u> , and that death occurred at <u>5:20 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. M. Smith D.O.</u>		23b. ADDRESS <u>Liberty (MARCH)</u>	
23c. DATE SIGNED <u>3-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar.-12-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Turney</u>		24d. LOCATION (City, town, or county) (State) <u>Turney, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 10-1950</u>		REGISTRAR'S SIGNATURE <u>Muriel Haynes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Archer Co</u>		ADDRESS <u>Liberty, Mo.</u>	

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

RECEIVED MAR 13

District Health Officer No. 8,

District File No. _____

Date Filed 3-14-50

MAY 1 1950

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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 Harold D. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty 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.