

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23173

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 19

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Dunklin</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Stoddard</u>	b. COUNTY <u>Stoddard</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie - Rural</u>	c. LENGTH OF STAY (In this place) <u>4 da</u>	d. STREET ADDRESS (If rural, give location) <u>1030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bailey's Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minerva</u>	b. (Middle) <u>Lacy</u>	c. (Last) <u>Minton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>
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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>Sept. 19 1872</u>	9. AGE (In years last birthday) (Months) (Days) <u>77 9 19</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Powers Hoxie, Ark.</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Powers Hoxie, Ark.</u>	ADDRESS <u>Hoxie, Ark.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>	DUE TO (b) <u>arteriosclerosis</u>		<u>10 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>cerebral thrombosis</u>			<u>2 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 7-6-1950 to 7-8-1950, that I last saw the deceased alive on 7-7-1950, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Am. Bailey M.D.</u>	(Degree or title) <u>D</u>	23b. ADDRESS <u>Malden, Mo</u>	23c. DATE SIGNED <u>7/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maynard Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>	REGISTRAR'S SIGNATURE <u>J. G. Schuman</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Cassville, Mo</u>	ADDRESS <u>—</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 200
v. 10.48

0351

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-24-50

COUNTY FILE NUMBER 752-217

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 *Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, W*

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.