

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32575**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5110** Registrar's No. **80**

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

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>BOLLINGER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL FILMORE Twp.</b>		c. LENGTH OF STAY (in this place) <b>38 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL FILMORE Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR GLEN ALLEN 0090</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEAR GLEN ALLEN</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTLE</b> b. (Middle) <b>EUNICE</b> c. (Last) <b>DEMME</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-3-50</b>		
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-2-1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HWF.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOE SCOTT MINTER</b>	13b. MOTHER'S MAIDEN NAME <b>GOGIE STORY</b>	14. NAME OF HUSBAND OR WIFE <b>JOE DEMME</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOE DIETMERE</b> ADDRESS <b>GLEN ALLEN</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>33X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 **2/3**, 19**40**, to **10/3**, 19**50**, that I last saw the deceased alive on **10/3**, 19**50** and that death occurred at **12:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Morris</b> (Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Wutesville, Mo.</b>	23c. DATE SIGNED <b>10/6/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-5-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WUTESVILLE MO.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 12, 1950</b>	REGISTRAR'S SIGNATURE <b>Willie Gene Amburgeh</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b> ADDRESS <b>WUTESVILLE, MO.</b>
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PROFESSIONAL BOARD

FOR THE STATE OF MISSOURI

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OCT 31 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 J. E. Graham

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

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.