

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32600**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>384</b>			
1. PLACE OF DEATH a. COUNTY <b>Roone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		d. STREET ADDRESS (If rural, give location) <b>211 Waugh Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>211 Waugh Street</b>				d. STREET ADDRESS (If rural, give location) <b>211 Waugh Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b>			b. (Middle) <b>James</b>			c. (Last) <b>Minor</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1950</b>									
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 22, 1889</b>		9. AGE (to years last birthday) <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter &amp; building</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>carpentry</b>		11. BIRTHPLACE (State or foreign country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Monroe Minor</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Francis Patrick</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Chloeris Minor</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>?</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna C. Minor; Columbia, Mo.</b>			
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) <b>Coronary occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Sclerosis of coronary arteries?</b> <b>generalized arterio-sclerosis</b> <b>and arterial hypertension</b>  DUE TO (c) <b>and arterial hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>11/5/50</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>2017, 1950</b> to <b>2017, 1950</b> that I last saw the deceased alive on <b>2017, 1950</b> and that death occurred at <b>3006</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Gene G. Stone</b> (Degree or title)				23b. ADDRESS <b>Columbia</b>		23c. DATE SIGNED <b>11/8/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11/9/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Nov. 8 1950</b>		REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>		ADDRESS <b>Huntsville Mo</b>			

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

MAY 4 1951

RECEIVED 11-14-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 11-14-50

8199

JUAN

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

*Tom B. Patton*

Licensed Embalmer No. 3914

P. O. Address *Huntsville, Ala.*

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.