

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33289

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 939

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Strafford 2nd. Jackson)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strafford Mo. 2nd Jackson	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Strafford Mo. 0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Strafford Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Leamond	b. (Middle) Edmond	c. (Last) Miner	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25 1950
-------------------------------------	---------------------------	---------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vetinary	10b. KIND OF BUSINESS OR INDUSTRY VETINARY	11. BIRTHPLACE (State or foreign country) Taney Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME C.H. Miner	13b. MOTHER'S MAIDEN NAME Anna Ray	14. NAME OF HUSBAND OR WIFE Mrs. Pearl Miner
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Mrs. Pearl Miner Strafford, Mo.
---	-------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		Unknown Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema		1 day	

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
--	--	--

22. I hereby certify that I attended the deceased from **April 9 1948**, to **Oct 25, 1950**, that I last saw the deceased alive on **Oct 24, 1950**, and that death occurred at **7:56A** m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth O. Coffey M.D. (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 10-25-50
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-27-50	24c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery	24d. LOCATION (City, town, or county) (State) 9 mile East of Springfield
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. 10-27-50	REGISTRAR'S SIGNATURE W E Handly	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.
--	---	--

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

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 _____

Max Rhodes

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

Signed _____

Student Embalmer

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.