

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37855

720

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

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>New Madrid County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Rural New Madrid</u>		c. CITY OR TOWN <u>New Madrid, (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles West of N.M.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Pete</u>	b. (Middle)	c. (Last) <u>MINNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar. 9, 1860</u>	9. AGE (in years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid County</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Henry Minner</u>	13b. MOTHER'S MAIDEN NAME <u>Adele</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Maloy Minner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mandy (Minner) Young</u>	ADDRESS <u>New Madrid</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Senility</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 1/2</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 bldg., 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 Aug 5, 1950, to Nov 24, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>O.B. Chandler M.D.</u> (Degree or title)	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>11/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MINNER</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR NEW MADRID MO</u>
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DATE REC'D BY LOCAL REG. <u>11-27-50</u>	REGISTRAR'S SIGNATURE <u>Hubert Louis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. Holt Co.</u>	ADDRESS <u>New Madrid</u>
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RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. 6

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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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed

L. S. Hedgpeth

Signed.....

Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address

New Madrid

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.