

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15675

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 516

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City, Mo. RURAL,</u>                              |  |
| c. LENGTH OF STAY (In this place) <u>9 days</u>   |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>                                |  |  |  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>IDA</u> b. (Middle) <u>VIRGINIA</u> c. (Last) <u>MINTON</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAY 11 1951</u> |   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>white</u>                 |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>                                     |  |
| 8. DATE OF BIRTH <u>Dec. 29, 1874</u>  |  | 9. AGE (In years last birthday) <u>76 yrs</u> |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |  |
| 11. BIRTHPLACE (State or foreign country) <u>Boles, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>    |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Joseph E. Brown</u>                                   |  | 13b. MOTHER'S MAIDEN NAME <u>Eviza Virginia Steed</u> |  | 14. NAME OF HUSBAND OR WIFE <u>George Henry Minton</u>                                |  |
| 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>Fay Minton</u> - ADDRESS <u>Forest City, Mo.</u> |  |

|   |  |   |  |  |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis general</u><br>ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardiac decompensation</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|---|--|---|--|--|--|----------------------------------|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 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)<br><u>4200</u>                   |  |
| 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?   |  |

22. I hereby certify that I attended the deceased from May 2, 1951, to May 11, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

|   |  |                                   |  |                                 |  |
|---|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. Lenoir M.D.</u> |  | 23b. ADDRESS <u>St. Joseph Mo</u> |  | 23c. DATE SIGNED <u>5-11-51</u> |  |
|---|--|-----------------------------------|--|---------------------------------|--|

|   |  |                               |  |   |  |  |  |
|---|--|-------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>MAY 13, 1951</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u> |  |
|---|--|-------------------------------|--|---|--|--|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY, LOCAL REG. <u>May 14 1951</u> |  | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Patricia Crawford</u> ADDRESS <u>Mound City, Mo.</u> |  |
|--|--|---|--|--|--|

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

170

SEP 25 1956

**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 Alvan M. Lisbona

Licensed Embalmer No. 4634

P. O. Address Maitland, 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.