

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17485

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NODAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BURLINGTON JCT</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BURLINGTON JCT. 0740</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DANIEL</b>	b. (Middle) <b>D</b>	c. (Last) <b>MINNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 31 1951</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 12, 1891</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>19</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>RETIRED RAILWAY COOK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (State or foreign country) <b>NODAWAY CO. MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>JOHN S. MINNER</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH J. ANGELL</b>	14. NAME OF HUSBAND OR WIFE <b>MABEL E. HUNT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>1917-1919</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS MABEL E. MILLER</b>	ADDRESS <b>BURL JCT</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>4 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4/201</b>	

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) 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 **5-31, 1951**, to **5-31, 1951**, that I last saw the deceased alive on **5-31, 1951**, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Wallace M.D.</b> (Degree or title)	23b. ADDRESS <b>Burlington Jct. Mo.</b>	23c. DATE SIGNED <b>6-4-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-3-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MERRIAM</b>	24d. LOCATION (City, town, or county) (State) <b>MARYVILLE MO.</b>
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DATE REC'D BY LOCAL REG. <b>6-6-51</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ann</b> ADDRESS <b>Burl. Jct Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 25 1961

JUN 15 1961

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.

Signed.....  
Student Embalmer

Signed

A large, stylized handwritten signature in black ink, appearing to be "J. P. ...".

Student Embalmer No.....

Licensed Embalmer No. 2965

P. O. Address Burl. Jol 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.