

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21835

State File No. \_\_\_\_\_

FILED JUL 2-1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johnson Nursing Home</u>			

3. NAME OF DECEASED (First) <u>A. DEN</u> (Middle) <u>MARSH</u> (Last) <u>MINTS</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>8</u> (Year) <u>57</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 23-1897</u>		9. AGE (In years last birthday) <u>100</u>		10. F UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Framing</u>		11. BIRTHPLACE (State or foreign country) <u>Bradford Co. Penna.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Mintz</u>		13b. MOTHER'S MAIDEN NAME <u>Elena Mintz</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Branson</u> ADDRESS <u>no. 4500</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>General arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yr</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>General arteriosclerosis</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Senility &amp; Debility</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <u>4500</u>	
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 5/26, 1957, to 5/20, 1957, that I last saw the deceased alive on 5/20, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Magnus M.D.</u>		23b. ADDRESS <u>Branson, Mo.</u>		23c. DATE SIGNED <u>11-June-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Shade</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Shade, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RO. W. Helshel</u>		ADDRESS <u>Branson</u>	

DATE REC'D BY LOCAL REG. <u>6-18-57</u>		REGISTRAR'S SIGNATURE <u>TE Cogswell</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RO. W. Helshel</u> ADDRESS <u>Branson</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1060  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File 6211399

Date Filed 6-29-51

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 \_\_\_\_\_

*Winnie L. Whelchel*

Licensed Embalmer No. 2277

P. O. Address *Princeton 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.