.S. No. 300
EV. 10.48

FILED AUG 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23559

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 303 Registrar's No. 85

0542

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: 912 Franklin Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0542
d. STREET ADDRESS (If rural, give location): 912 Franklin Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): HAMILTON
c. (Last): MINCH

4. DATE OF DEATH (Month) (Day) (Year): July 31st 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 2, 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Atchison County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Senica Noblett
13b. MOTHER'S MAIDEN NAME: Emily McLaughin
14. NAME OF HUSBAND OR WIFE: Fred Minch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bill Palmer
ADDRESS: Lexington, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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
4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

had been dead some hours.

22. I hereby certify that I attended the deceased from 1 Aug 51, 19 ~~only once~~, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe W. Ward MD
23b. ADDRESS: 1315 Franklin Ave Lexington Missouri
23c. DATE SIGNED: 1 Aug 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Machpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri

DATE REC'D BY LOCAL REG.: Aug 6 1951
REGISTRAR'S SIGNATURE: Minerva Evelethwite
25. FUNERAL DIRECTOR'S SIGNATURE: Forest F. Gempel
ADDRESS: Lexington Missouri
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-9-51

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 Norman Thomas Student Embalmer No. 427 working under my personal supervision.

Student Norman W. Thomas
Student Embalmer

Signed Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, Missouri

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.