

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33359

State File No. _____

0420
3
DIED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507 Registrar's No. 543

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaDue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaDue	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Davis Town ship		d. STREET ADDRESS (If rural, give location) Davis Township	

3. NAME OF DECEASED (Type or Print) Billie Joe Minich			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 28, 1938	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months 2 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LaDue, Mo.	
13a. FATHER'S NAME Charlie Minich			13b. MOTHER'S MAIDEN NAME Ann Bunch		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charlie M. Minich, LaDue Mo.	
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) FRACTURED SKULL 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.			INTERVAL BETWEEN ONSET AND DEATH INSTANT E 8104 27

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 042		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LADUE MO RR. CROSSING		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LADUE, HENRY, MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV 4 1951 5 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO-TRAIN ACCIDENT	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD Coroner		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 6 Nov. 1951	
---	--	--------------------------	--	------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7, 51		24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery	
DATE REC'D BY LOCAL REG. Nov-6-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Tansant, Clinton, Mo	

24d. LOCATION (City, town, or county) (State) Montrose Mo.

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

RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 13 1951

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 W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.