

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36567

State File No.

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. 289 PRIMARY REG. DIST. NO. 5165 Registrar's No. 14

0146
 1

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Guthrie Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guthrie</u> <u>6145</u>	
c. LENGTH OF STAY (In this place) <u>2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>One mile from Guthrie, Mo</u>			

3. NAME OF DECEASED (Type or Print) <u>William</u>	a. (First)	b. (Middle)	c. (Last) <u>Minker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22 1951</u>
--	------------	-------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Waterloo, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Charles Minker</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Shank</u>	14. NAME OF HUSBAND OR WIFE <u>Alice</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Minker</u> ADDRESS <u>Guthrie, Mo</u>
--	-------------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Arthritis</u>		

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Mar 3, 1951, to Nov 22, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>11/23/51</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	24b. DATE <u>Nov, 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov 26 - 51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Fulton, Mo</u>
---	--	---

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 4 1951

RECEIVED

FEB 4 1952

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 Daryl E. Browning

Licensed Embalmer No. 2728

P. O. Address Tulley, Md.

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.