

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDGEERTON</u>	
c. LENGTH OF STAY (In this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>COMMUNITY Hospital</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MINDRUP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-1952</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>5/16/1899</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR <u>9</u> MONTHS <u>4</u> DAYS	IF UNDER 24 HRS. <u>4</u> HOURS <u>1</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FILLING STA. OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>THEODORE MINDRUP</u>	
13b. MOTHER'S MAIDEN NAME <u>ANGUSTA GROBE</u>		14. NAME OF HUSBAND OR WIFE <u>THEKLA MINDRUP</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>500-07-7750</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Mindrup, Edgerton Mo.</u> ADDRESS
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBROVASCULAR THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs +</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS, GENERAL</u> <u>7 yrs +</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MITRAL STENOSIS WITH AUBICULAR FIBRILLATION DUE TO OLD PNEUMATIC HEART</u> <u>7 yrs +</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 4, 1951</u> , to <u>JAN 20, 1952</u> ; that I last saw the deceased alive on <u>JAN 20, 1952</u> , and that death occurred at <u>9:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Smithville, Missouri</u>	23c. DATE SIGNED <u>JAN 20, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>REED CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>TRIMBLE, Mo.</u>
DATE REC'D BY LOCAL HEALTH DEPT. <u>Jan 21 - 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>ROLLINS-NASH, EDGEERTON, Mo.</u>	

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

NOV 21 1965

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 *H. LeRoy Maoney*

Licensed Embalmer No. 4776

P. O. Address R. E. Gmo

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.