

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7434**
Registrar's No. **366**

APR 15 1952 REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 317 E. Kansas Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Ospeopathic.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) JANE	c. (Last) MINK	4. DATE OF DEATH (Month) (Day) (Year)
				4 2 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar 29, 1940	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Wathena, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Enos Mink	13b. MOTHER'S MAIDEN NAME Laurie Smith	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Laurie Moore, 317 E. Kansas	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Results of body burns		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	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 None	19b. MAJOR FINDINGS OF OPERATION E91607 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan / 31 Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 31st '52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Father stubbed over oil stove in dark causing explosion
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22. I hereby certify that I attended the deceased from **3/31** to **3/31**, 19**52**, that I last saw the deceased alive on **3/31**, 19**52** and that death occurred at **12:20A** m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) B. W. Tadlock M, D, ACT, CCR.	23b. ADDRESS St Joseph, Mo.	23c. DATE SIGNED 4/5 '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Apr 19, 1952	REGISTRAR'S SIGNATURE Carl C Casper	25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

John E. Ruff

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.