

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

8481

State File No. ....

1324

**FILED MAR 29 1952**  
6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Jackson</u>			a. STATE <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			b. COUNTY <u>Clay</u>		
c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			d. STREET ADDRESS (If rural, give location) <u>902 Swift</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>John</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>Mincy Jr.</u>	(Month) <u>2</u>	(Day) <u>28</u>	(Year) <u>52</u>

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>2-28-1952</u>	<b>9. AGE (In years last birthday)</b>	<b>10. UNDER 1 YEAR</b>	<b>11. UNDER 12 HRS.</b>
				Months	Days	Hours
						<u>12</u> Min.

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas City, Jackson, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>John Robert Mincy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Abbie Norris</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary Mincy</u>	<b>ADDRESS</b> <u>902 Swift</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Prematurity</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>776x</u>	

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

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to Feb. 28, 1952, that I last saw the deceased alive on Feb. 28, 1952, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>W. H. Stratemeier MD</u> (Degree or title)	<b>23b. ADDRESS</b> <u>24th &amp; Cherry</u>	<b>23c. DATE SIGNED</b> <u>2-29-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>	<b>24b. DATE</b> <u>3-14-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Luke Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>N. City MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-21-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. A. ...</u>	<b>ADDRESS</b> <u>1800 MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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*Dr. Mayer*

**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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wm. A. Johnson*

Licensed Embalmer No. *3089*

P. O. Address *Kennett City*

**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.