

STANDARD CERTIFICATE OF DEATH

21006

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Knox County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina Mo.</u> c. LENGTH OF STAY (in this place) <u>3 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>13 1/4 mi. North of Plevana Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvia</u> b. (Middle) <u>Dimmitte</u> c. (Last) <u>Minor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29-1952</u>		
5. SEX <u>7</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 16-1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days <u>10</u> IF UNDER 1 YEAR Hours <u>13</u> IF UNDER 24 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Shelby County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Herbeman Pickett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Katherine Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Minor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>493-28-3057</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles J. Minor Plevana 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vasculan Renal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		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. <u>Carcinoma of Liver</u>		<u>4 Months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 June 10, 1952, to June 29 1952 that I last saw the deceased alive on June 29 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry L. Mc Crackin M.D.</u> (Degree or title)		23b. ADDRESS <u>La Belle Mo.</u>		23c. DATE SIGNED <u>June 29-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Salem</u>	
24d. LOCATION (City, town, or county) (State) <u>3 mi. N.E. of Plevana Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Musgrove</u> ADDRESS <u>Bethel, Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 29-52</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt</u> 157			

(Licensed Embalmer's Statement on Reverse Side)

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

0570
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JUL 14 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Clarence Musgrave*

Licensed Embalmer No. *2719*

P. O. Address *Bethel, 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.