

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38076
Registrar's No. 293

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>		d. STREET ADDRESS (If rural, give location) <u>114 Pierce</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minerva J.</u>		b. (Middle) <u>Maples</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2-1874</u>
9. AGE (In years last birthday) <u>78</u>		<u>7</u> Months	<u>0</u> Days
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 <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Gilbert Branson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Clay</u>	
14. NAME OF HUSBAND OR WIFE <u>Shannon Maples</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Shannon Maples-114 Pierce</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Banner of Stomach and Liver</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES (b) <u>Arteriosclerotic Heart Disease</u>			
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		19b. MAJOR FINDINGS OF OPERATION <u>1998</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>Nov 10, 1952</u> to <u>Dec 2, 1952</u> , that I last saw the deceased alive on <u>Dec 1, 1952</u> and that death occurred at <u>8:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Bruce MD</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>12/3/52</u>			
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Dec. 3, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>College Hill</u>		24d. LOCATION (City, town, or county) (State) <u>College Hill Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Durre MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James Thomas</u>		ADDRESS <u>712 Jefferson</u>	

0264

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

Bruner

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

J. Bruner

Licensed Embalmer No. 3641

P. O. Address *Bruner*

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.