

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42110**

FILED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **551** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fields Creek Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fields Creek Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton, R#4</b>		d. STREET ADDRESS (If rural, give location) <b>Clinton, R#4</b>	
3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		c. (Last) <b>Minick</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 16, 1863</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Philip Minick</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bailey</b>	
14. NAME OF HUSBAND OR WIFE <b>-</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service) <b>-</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Philip Minick, Montrose, Mo.</b> ADDRESS <b>-</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CANCER OF STOMACH</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 MO.</b> 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151X	
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 (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY _____	
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 <b>Sept 6, 1952</b> , to <b>Dec 19, 1952</b> , that I last saw the deceased alive on <b>19 Dec., 1952</b> and that death occurred at <b>11 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, M.D.</b>		23b. ADDRESS <b>Clinton, Mo.</b>	
23c. DATE SIGNED <b>20 Dec. 1952</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 22, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bear Creek Cemetery, Montrose, Mo.</b>	
24d. LOCATION (City, town, or county) <b>Rural</b>		24e. (State) _____	
DATE REC'D BY LOCAL REG. <b>Dec 22 1952</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H.A. Tinsant</b>		ADDRESS <b>Clinton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

420

**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, ~~of the~~ .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. A. Vassant* .....

Licensed Embalmer No. *3779* .....

P. O. Address *Clinton, 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.