S. No. 300
v. 10.48

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

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6657

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4261 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hurdland D
c. LENGTH OF STAY (In this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Belle, 0520
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Alfred
c. (Last) Minter

4. DATE OF DEATH (Month) (Day) (Year) February 18, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 31, 1864
9. AGE (In years last birthday) 89 — If under 1 year: Months 0 Days 17 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Novelty, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Thomas Minter
13b. MOTHER'S MAIDEN NAME Olivia Jones
14. NAME OF HUSBAND OR WIFE Sarah Agnes Minter

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. -------
17. INFORMANT'S SIGNATURE OR NAME Hazel Mitchell — ADDRESS La Belle, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial sceeroses — 6 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 19 47, *to* Feb 18, 19 53, *that I last saw the deceased alive on* Feb 13, 19 53, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE William A. Klepser (Degree or title) D.O.
23b. ADDRESS Edina, Mo.
23c. DATE SIGNED Feb 20, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/21/1953
24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery
24d. LOCATION (City, town, or county) (State) La Belle, Missouri

DATE REC'D BY LOCAL REG. Feb 23-53
REGISTRAR'S SIGNATURE Nelle E. Arnoldt S/O
25. FUNERAL DIRECTOR'S SIGNATURE J. A. Coker Jr. ADDRESS LaBelle Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1953

OCT 27 1953

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 myself

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. A. Cader Jr.

Licensed Embalmer No. 4338

P. O. Address LaBelle 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.