

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 6698

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5738 Registrar's No. _____

0549

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

1. PLACE OF DEATH a. COUNTY <i>Jack-Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bates City - Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bates City Rural</i>	
c. LENGTH OF STAY (In this place) <i>4 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>4 mi South Linsap, Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4 mi South Linsap, Mo</i>		d. STREET ADDRESS (If rural, give location) <i>4 mi South Linsap, Mo</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>A</i> d. (Last) <i>Minter</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar - 2 - 1953</i>	
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec - 29 - 1875</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Napoleon Mo</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wm Minter</i>		13b. MOTHER'S MAIDEN NAME <i>Momnie Recker</i>	14. NAME OF HUSBAND OR WIFE <i>Lilla Minter</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lilla Minter Bates City Mo</i>
18. CAUSE OF DEATH 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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 hr</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>none</i> DUE TO (c) <i>none</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4201</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <i>none</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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 <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 <i>1-1-1925</i> , to <i>Mar 2, 1953</i> , that I last saw the deceased alive on <i>Feb 15 1953</i> , and that death occurred at <i>6 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>O. L. ...</i> (Degree or title)		23b. ADDRESS <i>...</i>	
23c. DATE SIGNED <i>Mar 2-2-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar - 5 - 1953</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Oak Grove Mo</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 2 - 53</i>		REGISTRAR'S SIGNATURE <i>Emma Davidson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Webb Funeral Home</i>		ADDRESS <i>Home Oak Grove</i>	

MAR 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. Burkh

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.