

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9292

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5391</u>		Registrar's No. <u>35</u>		
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Texas Twp.</u>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Texas Twp.</u> <u>1330</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, 10 Miles S. Salem</u>				d. STREET ADDRESS (If rural, give location) <u>10 Miles S. Of Salem</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle) <u>May</u>		c. (Last) <u>DePriest</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 3, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours 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 <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George J. Hubbard</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crosby</u>		14. NAME OF HUSBAND OR WIFE <u>John Harvey DePriest</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. H. DePriest, Salem, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with fibrillation, hepatic carcinoma, origin unknown.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <u>3-9-48</u> to <u>4-4-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-4-53</u> , 19 <u>53</u> , and that death occurred at <u>7:00 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>M. M. Dent</u> (Degree or title)					23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>4-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>M. M. Dent, M. D. by Mar. Haberman</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huberman &amp; Co., Salem, Mo.</u>			

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

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

*Marshall C. Blackwell*

Licensed Embalmer No. 4713

P. O. Address Salem, 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.