S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13923

State File No.

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5461 Registrar's No. 416

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogersville Rural
c. LENGTH OF STAY (In this place)
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 Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogersville Rural
d. STREET ADDRESS (If rural, give location) 0390

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) Ellen
c. (Last) Mincks

4. DATE OF DEATH (Month) (Day) (Year) April 23, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 8, 1876
9. AGE (In years last birthday) 77 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Amos Brewer
13b. MOTHER'S MAIDEN NAME Eliza Flynn
14. NAME OF HUSBAND OR WIFE Silas L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ervin Mincks (Son) — **ADDRESS** Rogersville Mo

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) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiparesis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
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* July, 1951, *to* April 23 1953, *that I last saw the deceased alive on* March 25, 1953 *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth C. Coffey (Degree or title) M.D.
23b. ADDRESS Springfield, Mo
23c. DATE SIGNED 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY White Oak Cem.
24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Missouri

DATE REC'D BY LOCAL REG. 4-27-53
REGISTRAR'S SIGNATURE Edith Wilkinson Deputy Reg
25. FUNERAL DIRECTOR'S SIGNATURE W.C. Ferrill **ADDRESS** Rogersville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1958

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed H. H. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland 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.