

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17549

State File No. ....

0330  
1

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

FILED MAY 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural Springcreek</u> )		c. LENGTH OF STAY (in this place) <u>20yrs</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				e. STREET ADDRESS (If rural, give location) <u>Route 2</u> <span style="float: right;"><u>0330</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>McMinn</u>			4. DATE OF DEATH (Month) <u>5</u> (Day) <u>20</u> (Year) <u>53</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>June 11 1885</u>		9. AGE (In years last birthday) <u>67</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>		
13a. FATHER'S NAME <u>Lemuel McMinn</u>		13b. MOTHER'S MAIDEN NAME <u>Jemiah McMinn</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret McMinn</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret McMinn Salem Mo rt 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>			
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>1-12</u> , 19 <u>53</u> , to <u>5-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-12</u> , 19 <u>53</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gaye Mitchell, M.D.</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>5/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove.</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-25-53.</u>		REGISTRAR'S SIGNATURE <u>83-0</u> <u>N.M. Hart, M.D. reg</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Spencer Salem Mo</u>			

JUN 8 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.....  
Signature of Student Embalmer

Signed: *Carl H. Jensen*  
Licensed Embalmer No. *237*  
P. O. Address *Salmon, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.