

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21661

State File No.

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3099

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Thos. A. Jones MD Deputy Coroner

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>6 mos.</u>	c. CITY OR TOWN <u>Kansas City 9158</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri River N. Olive</u>		d. STREET ADDRESS (If rural, give location) <u># 64 August Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Minnis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1924</u>	9. AGE (In years last birthday) <u>28</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Writers Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN ELEVATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elaine, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Kinkie L. Minnis</u>	13b. MOTHER'S MAIDEN NAME <u>Luvania Riley</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Ree Minnis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>49994-8320</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Williams</u>	ADDRESS <u># 64 August</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Asphyxiation</u> DUE TO (b) <u>Drowning</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>89298</u> <u>42</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, in or about car, on highway, etc.) <u>in the street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K. C. Jackson, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/11/52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowning</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>1612 E 17th</u>	23c. DATE SIGNED <u>6/17/53</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>6-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brighton & Jones</u>	ADDRESS <u>2300 East 11th</u>
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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 _____

Lawrence A. Jones

Licensed Embalmer No. 442

P. O. Address 2300 East 18th

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.