

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32724**

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. 390		PRIMARY REG. DIST. NO. 6014		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moniteau Twp.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hgwy.--Higbee & Moberly Rd.				d. STREET ADDRESS (If rural, give location) 629 Woodland			
3. NAME OF DECEASED (Type or Print)		a. (First) Leroy		b. (Middle) Kemp		c. (Last) Minor	
4. DATE OF DEATH		(Month) Sept.		(Day) 15		(Year) 1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 6, 1934	
9. AGE (In years last birthday) 19		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) employee 7Up Bott. Co.--(Same)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Harry A. Minor		13b. MOTHER'S MAIDEN NAME Bessie Shaw		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Harry Minor		ADDRESS 629 Woodland; Moberly, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull and brain concussion				INTERVAL BETWEEN ONSET AND DEATH Instant	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile collision					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/2 mile North Higbee Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Moniteau Randolph		(STATE) Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 15 1953 7:55 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile collision			
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 7:55 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ben S. Jolly M.D.		23b. ADDRESS Moberly, Missouri		23c. DATE SIGNED 9-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-17-1953		24c. NAME OF CEMETERY OR CREMATORY Thomas Hill Cemetery		24d. LOCATION (City, town, or county) (State) Thomas Hill, Missouri	
DATE REC'D BY LOCAL REG. 9-19-53		REGISTRAR'S SIGNATURE JOE W. BURTON		25. FUNERAL DIRECTOR'S SIGNATURE Tom R. Patton		ADDRESS Huntsville	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

380

700

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.