

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36756**

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **312**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sedalia	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 Bothwell Hospital		e. STREET ADDRESS (If rural, give location) Terry Hotel 2nd + Lamone	

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Minor c. (Last) Johannes	4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1953
--	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 18 - 1873	9. AGE (in years last birthday) 80	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTH PLACE (City and State or Foreign Country) Matton Ill	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME John L. Minor	13b. MOTHER'S MAIDEN NAME Clara Smith Minor	14. NAME OF HUSBAND OR WIFE John M. Johannes
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Frank Minor	ADDRESS Batawilla, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Jaundice (Efflux)		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X			

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
---	---	-------------------------------------

22. I hereby certify that I attended the deceased from **Oct 11, 1953** to **Oct 15, 1953**, that I last saw the deceased alive on **Oct 15, 1953**, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Keimig M.D.	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 10/16/53
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
---	---------------------------	--	---

DATE REC'D. BY LOCAL REG. 10-17-53	REGISTRAR'S SIGNATURE A. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE M. C. Laughlin Bros	ADDRESS Sedalia
---	---	---	------------------------

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 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..... *KPM Lrary*

Licensed Embalmer No. *3153*

P. O. Address..... *Sedalia*

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.