

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38210**

FILED NOV 24 1953

REG. DIST. NO. 15PRIMARY REG. DIST. NO. 3004Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lamar</b> )		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		Newport Township
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Barton County Memorial Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>Lamar, Route 4</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>SAMUEL</b> c. (Last) <b>MINNICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 17, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 14, 1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith - Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith Shop</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William J. Minnick</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Boyd</b>	14. NAME OF HUSBAND OR WIFE <b>Letha Jane Hatfield</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard Minnick, Lamar Route 4</b>		
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) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <b>arterio-sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
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 <b>Nov. 16, 1953</b> , to <b>Nov. 17, 1953</b> , that I last saw the deceased alive on <b>Nov. 17, 1953</b> , and that death occurred at <b>11:20 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John T. Bickel, M.D.</b>			23b. ADDRESS <b>Lamar, Mo.</b>		23c. DATE SIGNED <b>11/18/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 19, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newport Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Newport, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>NOV 19 1953</b>	REGISTRAR'S SIGNATURE <b>Marie Korantz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chiles Funeral Home, Lamar, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Chas. H. Child

Licensed Embalmer No. 3473

P. O. Address Lincoln 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.