

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41905

FILED NOV 17 1953

C 231 State File No.

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 4530		Registrar's No. 162	
1. PLACE OF DEATH a. COUNTY Vernon, Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richards, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richards, Missouri		1080 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Own Home, Richards, Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Rolla		a. (First)		b. (Middle) F.		c. (Last) Minor	
4. DATE OF DEATH Nov 9, 1953		5. SEX Male		6. COLOR OR RACE Wht		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/5/1877		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Barnesville, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Minor		13b. MOTHER'S MAIDEN NAME Sarah Strickland		14. NAME OF HUSBAND OR WIFE Bosetta Minor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosetta Minor-Richards, Missouri			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease ? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH acute ?	
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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/11/53		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 May 12, 1952 to Nov 9, 1953 , that I last saw the deceased alive on Nov 2, 1953 , and that death occurred at 8⁰⁰ a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William A. Kello M.D.				23b. ADDRESS Ft. Scott, Mo.		23c. DATE SIGNED 11/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/11/53		24c. NAME OF CEMETERY OR CREMATORY East Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Vernon Co., Missouri	
DATE REC'D BY LOCAL REG. 11-11-53		REGISTRAR'S SIGNATURE Anna E. Ferry 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.A. Cheney-Ft. Scott, Kansas			

(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 _____

Licensed Embalmer No. 2030

P. O. Address Grand Rapids

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.