

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9324

State File No. ....

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO - b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE 0581	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. GRACIA ST.		d. STREET ADDRESS (If rural, give location) EAST GRACIA	

3. NAME OF DECEASED (Type or Print) a. (First) CLAUD b. (Middle) - c. (Last) MINICH			4. DATE OF DEATH (Month) (Day) (Year) 3 - 13 - 54			
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 22 April	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 10 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) CHARITON Co. MO - 10		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JASPER MINICH		13b. MOTHER'S MAIDEN NAME MARY FRANCIS PHILLIPS		14. NAME OF HUSBAND OR WIFE EMMA MINICH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 709-08-7486		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAY MORRIS MARCELINE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY HEPATOMA  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155 X			INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
---	--	---	--	--	--

19a. DATE OF OPERATION JAN. 19, 1954		19b. MAJOR FINDINGS OF OPERATION MASSIVE HEPATOMA (AS ABOVE)		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)		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 JAN 19, 1954 to MAR. 13, 1954 that I last saw the deceased alive on MAR 13, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul T. Berry M.D. (Degree or title)		23b. ADDRESS Marceline, MO.		23c. DATE SIGNED 3-15-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 3-16-54		24c. NAME OF CEMETERY OR CREMATORY ROSE LAWN	
				24d. LOCATION (City, town, or county) (State) MARCELINE MO	

DATE REC'D BY LOCAL REG. 3-16-54		REGISTRAR'S SIGNATURE [Signature] 401-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jas McLaughlin Marceline MO	
----------------------------------	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0581

APR 2 1958

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*George D. Vennice*

Licensed Embalmer No. \_\_\_\_\_

*1425*

P. O. Address \_\_\_\_\_

*Marceline, 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.