No. 300
10-48

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26591

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 78

6001

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty
c. LENGTH OF STAY (in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 441 Arthur St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty
6001
d. STREET ADDRESS (If rural, give location) 441 Arthur
0

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle) D
c. (Last) MINOR

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 54

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 13-1879
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 10 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Geo H. Duncan
13b. MOTHER'S MAIDEN NAME Mary L. Keyes
14. NAME OF HUSBAND OR WIFE Geo. C. Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Estil Keclik ADDRESS Liberty, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1st one 3 yrs ago
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 331 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1953, to Aug, 1954, that I last saw the deceased alive on Aug 2, 1954 and that death occurred at 9:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm H Goodson MD
23b. ADDRESS Liberty Mo.
23c. DATE SIGNED 8/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 23-54
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) (State) Liberty Mo.

DATE REC'D BY LOCAL REG. August 25, 1954
REGISTRAR'S SIGNATURE Mabel Graham 491-0
25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co. ADDRESS Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 2 1954

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 John Lombardi

Licensed Embalmer No. 4448

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.