

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29875**
Registrar's No. **996**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**
c. LENGTH OF STAY (In this place) **7 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Methodist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**
d. STREET ADDRESS (If rural, give location) **1609-1/2 Buchanan Avenue**

3. NAME OF DECEASED
a. (First) **BIRDIE** b. (Middle) **BLANCHE** c. (Last) **MINOR**

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 11 1954

5. SEX **Female** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Jan. 24, 1868

9. AGE (In years less birthday) **86** **10. MONTHS** **11. DAYS** **12. HOURS** **13. MIN.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
Milian Ohio

12. CITIZEN OF WHAT COUNTRY?
U S A

13a. FATHER'S NAME
John Bell

13b. MOTHER'S MAIDEN NAME
Anna Phillips

14. NAME OF HUSBAND OR WIFE (Deceased)
Benjamin Franklin Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **None**

17. INFORMANT'S SIGNATURE OR NAME **NORMAN G MINOR** **ADDRESS** **St. Joseph Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
9/8/54

* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocardial Infarction

?

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) (Min.)

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 9/8, 1954, to 9/10, 1954, that I last saw the deceased alive on 9/10, 1954, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Francis A. Legan M.D.**

23b. ADDRESS **620 Francis Ave**

23c. DATE SIGNED **9/11/54**

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE **Sept 12, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Milwaukee Wisconsin**

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **Sept 16, 1954**

REGISTRAR'S SIGNATURE **Bethel M. Allison**

27. FUNERAL DIRECTOR'S SIGNATURE **Honey Funeral Home & Chapel, Mo**

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

SEP 22 1968

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 Embalmer No.....

Signed *Charles E. Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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.