

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8744
State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>25 months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunton Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>211 West Chicago St. 0581</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Howard</u>	
c. (Last) <u>Minor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 9 - 1877</u>
9. AGE (in years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lucian Hannibal Minor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Blanche Waterfield</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie Dougherty Minor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Porter</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Chronic Degenerative Myocarditis</u>		years <u>8</u>	
DUE TO (c) <u>Atherosclerosis & Hypertension</u>			
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		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 <u>1950</u> , to <u>March 18 1955</u> , that I last saw the deceased alive on <u>March 17, 1955</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Otis Carr II.O.</u>		23b. ADDRESS <u>Marceline Mo.</u>	
23c. DATE SIGNED <u>Mar. 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richardson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo</u>
DATE REC'D BY LOCAL REG. <u>3/19/55</u>	REGISTRAR'S SIGNATURE <u>Mary J. Reagler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Winhelmyer</u>	
		ADDRESS <u>Salisbury, Mo</u>	

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.....
Signature of Student Embalmer

Signed..... *Chas. B. Winkelmu*

Licensed Embalmer No..... *387*

P. O. Address..... *Salisbury*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.