

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Liberty)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Liberty)</b> <u>1030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #3, Dexter, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Melvina</b>	
		c. (Last) <b>Minton</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 23, 1863</b>
9. AGE (In years last birthday) <b>91</b>		# UNDER 1 YEAR <b>4</b>	# UNDER 1 HR. <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired house-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard County, Mo. 0</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Henry Baldrige</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Betty Gaines</b>	14. NAME OF HUSBAND OR WIFE <b>Theodie Minton (Dec'd)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Zelma Dowdy, Dexter, Mo. R. 3</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Sanctity</b> 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	
19a. DATE 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) <b>4201</b>
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 <b>June 1945</b> to <b>May 11, 1955</b> , that I last saw the deceased alive on <b>April 1955</b> , and that death occurred at <b>10:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Zelma Dowdy</b>		23b. ADDRESS <b>Dexter Mo</b>	23c. DATE SIGNED <b>5/13/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-14-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sycamore</b>	24d. LOCATION (City, town, or county) (State) <b>R.F.D. #3, Dexter, Mo.</b>
DATE REC'D BY LOCAL REG. <b>5/14/55</b>	REGISTRAR'S SIGNATURE <b>Zelma Dowdy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>	

(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. 2479

P. O. Address West Me

**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.