

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20926

State File No. ....

FILED JUN 20 1955

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>379</u>   |  | PRIMARY REG. DIST. NO. <u>4533</u>  |  | Registrar's No. <u>111</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>WRIGHT</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO.</u><br>b. COUNTY <u>WRIGHT</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>MANSFIELD</u>   |  | c. LENGTH OF STAY (in this place) <u>1 DAY</u>  |  | c. CITY OR TOWN <u>HARTVILLE</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANSFIELD</u>  |  |   |  | STREET ADDRESS (If rural, give location) <u>WEST - HARTVILLE 1140</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>LILLIE</u>  |  | b. (Middle) <u>ROSELY</u>   |  | c. (Last) <u>MINGUS</u>  |  |
| 4. DATE OF DEATH  |  | (Month) <u>5</u>  |  | (Day) <u>8</u>  |  | (Year) <u>1955</u>   |  |
| 5. SEX <u>F</u>   |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   |  | 8. DATE OF BIRTH <u>1-1-1871</u>   |  |
| 9. AGE (In years last birthday) <u>84</u>   |  | IF UNDER 1 YEAR Months <u>4</u>   |  | IF UNDER 24 HRS. Hours <u>7</u>   |  | Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>BOONE COUNTY MO</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |   |  |   |  |  |  |
| 13a. FATHER'S NAME <u>JOSEPH DUNKIN</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>RITMAN</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>JEFF</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NO</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>A. Newfeld</u>   |  | ADDRESS _____  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                 |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u><br>ANTECEDENT CAUSES <u>General Debility</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |
| INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  |  |   |  |   |  |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  |  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | <u>522X</u>   |  |   |  |  |  |
| 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 <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>5-8, 1955</u> , to <u>5-8, 1955</u> , that I last saw the deceased alive on <u>5-8, 1955</u> , and that death occurred at <u>10<sup>05</sup> P.M.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Walter D. Newfeld</u>   |  |   |  | 23b. ADDRESS <u>D. 02 - Mansfield, Mo.</u>  |  | 23c. DATE SIGNED <u>5-31-55</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>5-10-1955</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO. MO</u>   |  |
| DATE REC'D BY LOCAL REG. <u>6/11/55</u>   |  | REGISTRAR'S SIGNATURE <u>Walter D. Newfeld</u> <u>384</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u> ADDRESS <u>Hartsville, Mo.</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

40  
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WRIGHT CO. HEALTH DE.  
County File Number 655-69  
Date Filed 6-18-55

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 Lucian F. Swadlow

Licensed Embalmer No. 4819

P. O. Address Camden

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.