

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29045**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1012**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph	c. LENGTH OF STAY (in this place) 14 yrs 7m 11d	c. CITY OR TOWN St. Joseph	d. 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 State Hospital No. 2		e. STREET ADDRESS (If rural, give location) 3414 So. 22nd St. St. Joseph, Mo.	

3. NAME OF DECEASED (Type or Print) GEORGIE	a. (First)	b. (Middle) EFFIE	c. (Last) MINTER	4. DATE OF DEATH (Month) (Day) (Year) 9-17-1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-22-1902	9. AGE (In years last birthday) Months Days 53 6 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY clerical	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. M. Minter	13b. MOTHER'S MAIDEN NAME May Thornton	14. NAME OF HUSBAND OR WIFE Wm. M. Minter
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 ADDRESS Wm. M. Minter, 3414 So. 22nd St. St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH on admission
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 350X		
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 **1-13-1954**, to **9-17-1955**, that I last saw the deceased alive on **9-17-1955**, and that death occurred at **3:57 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harriet Thomas	(Degree or title) M.D.	23b. ADDRESS State Hospital No. 2 St. Joseph, Mo.	23c. DATE SIGNED 9-17-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 9/20/1955	24c. NAME OF CEMETERY OR CREMATORY Thornton Cemetery	24d. LOCATION (City, town, or county) (State) Charbale Mo.
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DATE REC'D BY LOCAL REG. Sept 22, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heston - Bowman St. Joseph, Mo.
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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. 521 working under my personal supervision..

Student Richard E. Nichols
Signature of Student Embalmer

Signed James P. Hawkins

Licensed Embalmer No. 453

P. O. Address 311 So 10th St

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.