

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29967

State File No. _____

FILED SEP 20 1955

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 15 yrs		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 826 S. Fulton St		STREET ADDRESS (If rural, give location) 826 S. Fulton	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bessie		b. (Middle)	c. (Last) Minor		(Month) (Day) (Year) Sept 1, 1955

5. SEX female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1882	9. AGE (In years birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	--	--------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Yaleville, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME ? Crawford	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Robert A. 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 ADDRESS Robert Minor, 826 Fulton, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		4 hrs.
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		8 yrs.
	DUE TO (c) Chronic myocarditis		10 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis			10 yrs.

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) 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 January, 1945, to September, 1955, that I last saw the deceased alive on June 20, 1955 and that death occurred at 6:45a m., from the causes and on the date stated above.

23a. SIGNATURE <i>B. B. Clark</i>	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 9-1-55
-----------------------------------	-----------------------------	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-4-1955	24c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cem.	24d. LOCATION (City, town, or county) (State) Springfield, Mo
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 9-2-55	REGISTRAR'S SIGNATURE <i>Edw. Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
--	---	--

(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.....
Signature of Student Embalmer

Signed..... *D. L. Isbell*

Licensed Embalmer No. 4970

P. O. Address *Carthage,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.