

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33418
State File No. 4225

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY		c. CITY OR TOWN Overland Park	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 days		STREET ADDRESS (If rural, give location) 6100 West 69th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER		8150	
3. NAME OF DECEASED (Type or Print) a. (First) HOMER b. (Middle) B. c. (Last) MINNICK		4. DATE OF DEATH (Month) (Day) (Year) 9 29 55	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 2, 1899
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partsman		10b. KIND OF BUSINESS OR INDUSTRY Motor Co.	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Burgess Minnick	
13b. MOTHER'S MAIDEN NAME Minnie Leonor Seymour		14. NAME OF HUSBAND OR WIFE Gladys E. Minnick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I		16. SOCIAL SECURITY NO. 487-05-3354	17. INFORMANT'S SIGNATURE OR NAME Gladys E. Minnick ADDRESS 6100 W. 69, Overland Park, Ks.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute hemopericardium (cardiac tamponade) ANTECEDENT CAUSES Rupture of heart due to acute myocardial infarction DUE TO (b) Acute thrombosis - anterior descending branch left coronary artery DUE TO (c) 4201 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9/26 , 19 55 , to 9/28 , 19 55 , that I last saw the deceased alive on 9/28 , 19 55 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE H. M. Maser (Degree or title) M.D.		23b. ADDRESS Mission Kano	
23c. DATE SIGNED 9/30/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-1-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 10-1-55	
REGISTRAR'S SIGNATURE Neena Minshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C.MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD C. R. Maser, M. D.

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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 *J. J. Crowell*.....

Licensed Embalmer No. *4904*

P. O. Address *J. C. Mo.*

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.