

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 1 1955 STANDARD CERTIFICATE OF DEATH

State File No. **34007**

BIRTH NO. **55317-55** REG. DIST. NO. **191** PRIMARY REG. DIST. NO. **2700** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY LIVINGSTON	
b. CITY OR TOWN Ludlow		c. CITY OR TOWN Ludlow	
c. LENGTH OF STAY (In this place) 1HR		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD		e. STREET ADDRESS (If rural, give location) RFD 0590	

3. NAME OF DECEASED (Type or Print) LARRY DEAN MINNIS		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1955	
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH 9-18-55
9. AGE (In years last birthday) 33		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and State or Foreign Country) BRAYMER, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Windell D. Minnis	13b. MOTHER'S MAIDEN NAME MARYMARIE JAMES	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Windell D. Minnis ADDRESS Ludlow, 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 3HR
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3mi west of Braymer, Mo	21c. (CITY, TOWN, OR TOWNSHIP) 013 (COUNTY) Caldwell (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 21, 55 3AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from **Oct. 21, 1955**, to **Oct 21, 1955**, that I last saw the deceased alive on **Oct. 21, 1955**, and that death occurred at **6:30 AM** from the causes and on the date stated above.

23a. SIGNATURE John R Crank DO. (Degree or title)	23b. ADDRESS BRAYMER, MO	23c. DATE SIGNED 10-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Highland Cem.	24d. LOCATION (City, town, or county) (State) Hamilton, Mo
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DATE REC'D BY LOCAL REG. 10-27-1955	REGISTRAR'S SIGNATURE Gene L. Gwing	25. FUNERAL DIRECTOR'S SIGNATURE Mead Funeral Service, Breckenridge, Mo ADDRESS
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(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

Joseph H. Gibson

Licensed Embalmer No. 46 4769

P. O. Address Chillicothe,

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.