

No. 300
10-48

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2374

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Emp tmp</u>		c. CITY OR TOWN <u>rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>Livonia Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Livonia Mo RFD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marietta</u> b. (Middle) _____ c. (Last) <u>Minick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept 19 61</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Gideon Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Stacy</u>		14. NAME OF HUSBAND OR WIFE <u>Al Minick</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 ADDRESS <u>Vada Parton, Livonia, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <u>331x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 Jan 28, 1955 to Jan 18, 1956, that I last saw the deceased alive on Jan 18, 1956, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. V. Parton M.D.</u>	23b. ADDRESS <u>Covington Mo</u>	23c. DATE SIGNED <u>Jan 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>1-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>

DATE REC'D BY LOCAL REG. <u>1-28-56</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Husted Son Unionville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0860

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.....

Licensed Embalmer No. 300

P. O. Address. Knoxville

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.