S. No. 300
v. 10.48

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6047

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Francois Twp.
c. LENGTH OF STAY (in this place): 19Y;9M;4das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Charleston
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D.

1001

3. NAME OF DECEASED (Type or Print)
a. (First): A.
b. (Middle): B.
c. (Last): MINTON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 10, 1883
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming; laboratory
10b. KIND OF BUSINESS OR INDUSTRY: and x-ray work
11. BIRTHPLACE (City and State or Foreign Country): Thebes, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mike Minton
13b. MOTHER'S MAIDEN NAME: Cassie Hobbs
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records, State Hospital No. 4, Farmington, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral cardiovascular renal disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox Psychosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 33/x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1946, *to* Feb. 15, 1956, *that I last saw the deceased alive on* Feb. 15, 1956, *and that death occurred at* 9:56 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan MD
23b. ADDRESS: State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED: 2-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 18, 1956
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. No. 4 Cemetery
24d. LOCATION (City, town, or county) (State): St. Francois County, Missouri

DATE REC'D BY LOCAL REG.: Feb. 15, 1956
REGISTRAR'S SIGNATURE: Esther Rudloff 2-19-56
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Miller Funeral Home, Farmington, 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 embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Paul K Dugal .....

Licensed Embalmer No. 412 ...

P. O. Address Farmington

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