

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16884

State File No. _____

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4259 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Knox - Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newark</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Newark</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Newark Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0520</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Saddler</u>	c. (Last) <u>Minor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>8</u> <u>'56</u>
-------------------------------------	--------------------------	----------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR: R. RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 2, 1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days <u>6</u>
--------------------	--------------------------------	--	--------------------------------------	---	---------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Geo Riley Minor</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Marie Specs. Minor</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-28-0920</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. Elizabeth Minor - Newark, Mo.</u>	ADDRESS <u>Newark, Mo.</u>
--	--	---	----------------------------

18. CAUSE OF DEATH Enter only one cause ever for 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary congestion 3 months</u> DUE TO (c) <u>Arteriosclerosis</u>		
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>4500</u>	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 6-5, 1956, to 6-8, 1956, that I last saw the deceased alive on 6-7, 1956, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth G. Laner D.O.</u>	23b. ADDRESS <u>Newark Mo</u>	23c. DATE SIGNED <u>6-8-56</u>
---	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newark cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>W-1/2 mee Newark Mo</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>June 9-56</u>	REGISTRAR'S SIGNATURE <u>Helle A. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Baeb. Living 170</u>	ADDRESS
---	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1962

JUN 22 1958

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address..... *Ewing*

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.