

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22529**

FILED JUL 10 1956

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Dexter		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 Sam Davis Hospital			e. STREET ADDRESS (If rural, give location) R.F.D. #3, Dexter, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Burton c. (Last) Minton			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH July 1, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR: Months 11 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stoddard County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Jordon Minton		13b. MOTHER'S MAIDEN NAME Elexia Howell		14. NAME OF HUSBAND OR WIFE Sarah Minton	
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. 492-42-2281	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sarah Minton, Dexter, Mo. R. 3		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 30 min.		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) Myocardial Infarction 1 to 2 hr.		
DUE TO (c) Coronary Thrombosis 1 year			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + Atherosclerosis Unknown		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 <u>June 10, 1956</u>, to <u>June 21, 1956</u>, that I last saw the deceased alive on <u>June 21, 1956</u>, and that death occurred at <u>9:20 p.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. W. Dickerson D.O.			23b. ADDRESS Rt. 1 Dexter, Mo.		23c. DATE SIGNED 6/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY Sycamore	24d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.	
DATE REC'D BY LOCAL REG. 7-2-56		REGISTRAR'S SIGNATURE Velma D. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
V. 10.48

409

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..... *Luaille Rainey*

Licensed Embalmer No. *1983*

P. O. Address..... *Reston, Va.*

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.