

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23845**  
**2855**  
Registrar's No.

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. <b>111</b>		PRIMARY REG. DIST. NO. <b>1001</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett Mo.</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 yrs.</b>		c. CITY OR TOWN <b>Kennett Mo.</b>		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 <b>Trinity Luth. Hosp.</b>				e. STREET ADDRESS (if rural, give location) <b>317 1/2 W. 11th Normandy Hotel</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frèda</b>		b. (Middle) _____		c. (Last) <b>McMinn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June, 29, 1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-10-97</b>		9. AGE (In years last birthday) <b>58</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchboard Oper.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wyn Co., Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George S. Koffler</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Klinger</b>			14. NAME OF HUSBAND OR WIFE <b>John McMinn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490160414</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EMMA PUNDT, 1605 N. 41st ST. K.C. Kan.</b>		ADDRESS _____	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> 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. <b>490X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <b>June 28, 1956</b> , to <b>June 29, 1956</b> , that I last saw the deceased alive on <b>June 29, 1956</b> , and that death occurred at <b>8:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Otto H. Theel</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4301 Main Street</b>		23c. DATE SIGNED <b>6-30-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>JULY 2-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK.</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>6-30-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Phil Nelson</b>		ADDRESS <b>KC Kansas</b>	

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 *Phil C. Gibson*

Licensed Embalmer No. *3135*

P. O. Address *XCA*

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.