

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30537

State File No.

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, 1</u>		c. CITY OR TOWN <u>West Plains</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>17 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Rte., 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Marion</u> c. (Last) <u>Mincher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-12-1913</u>	9. AGE (In years) (last birthday) <u>43</u>	IF UNDER 1 YEAR (Month) (Day) <u>5</u> <u>9</u>	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe laster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Mincher</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Dedmon</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Mincher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Mincher, West Plains, Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1mm ed</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN (2 Possibilities)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible Coronary Occlusion</u> DUE TO (c) <u>Possible Electrocutation</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>o 46</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>UNKNOWN</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 21-56 4P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>ON Electric Pole doing wiring</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE <u>Joe G. Sumner</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Intw. View, Mo</u>	23c. DATE SIGNED <u>9-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-26-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertsons, West Plains, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

379

MAR 26 1957

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 *J. J. Roberts*

Licensed Embalmer No. *348*

P. O. Address *West Hill*

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.