

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

State File No. **32850**  
Registrar's No. **137**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>		c. CITY OR TOWN <b>New Madrid</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>6 days</b>		e. STREET ADDRESS (If rural, give location) <b>07201</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harrison</b> b. (Middle) <b>----</b> c. (Last) <b>Minaweathers, Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 29, 1956</b>		
5. SEX <b>M.</b> 6. COLOR OR RACE <b>C.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 2, 1889</b>	
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Madrid Co., Mo.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Harrison Minaweathers</b>		13b. MOTHER'S MAIDEN NAME <b>Ink</b>		14. NAME OF HUSBAND OR WIFE <b>CARRIE CAMPBELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carrie Minaweathers, Pateville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage, massive.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7</b> days
	ANTECEDENT CAUSES <b>Hemiplegia</b>		
	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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <b>331X</b>	

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? _____	
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22. I hereby certify that I attended the deceased from **8-23-56**, 19**56**, to **8-29**, 19**56**, that I last saw the deceased alive on **8-29-56**, and that death occurred at **5:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ande B. Smith MD</b>		23b. ADDRESS <b>217 S. Kingshighway Sikeston, Missouri</b>		23c. DATE SIGNED <b>9-6-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2 Sept. 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sandhill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>New Madrid, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>9-10-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Clara Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richards Undertaking Co., New Madrid, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

290

DATE RECEIVED SEP 17 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-191

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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 Tommy L. Doherty.....

Licensed Embalmer No. 4286

P. O. Address New Market

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.