

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12928

State File No.

FILED APR 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Fayette, Mo.</u>			c. LENGTH OF STAY (In this place) <u>12 days</u>	c. CITY OR TOWN <u>Fayette</u>		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 <u>Lee Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. 3 Richmond Twp.</u>			
3. NAME OF DECEASED (Type or Print) <u>MINNIE.</u>		a. (First)		b. (Middle) <u>LOUISA</u>		c. (Last) <u>MOUNTER</u>	
4. DATE OF DEATH <u>MAR. 28, 1957</u>		4. DATE (Month) (Day) (Year)					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 6, 1878</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sommerville Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Reynolds</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Mounter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Collins 415 Elm St. Washington</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u>					<u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____					<u>2 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>suicide natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or public place)		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>July, 1952</u> , to <u>Mar 28, 1957</u> , that I last saw the deceased alive on <u>Mar 28, 1957</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Shan, Jr. M.D.</u>				23b. ADDRESS <u>Lee Hospital Fayette, Mo.</u>		23c. DATE SIGNED <u>4-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery Fayette, Missouri</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>4-3-57</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

60
0

APR 24 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 *Joseph A. Carr*.....

Licensed Embalmer No... 33

P. O. Address *Fayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1) 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.