

FILED MAY 20 1957 STANDARD CERTIFICATE OF DEATH

State File No. 17246

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2069

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. CITY OR TOWN Kansas City North	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) 23 yrs.		e. STREET ADDRESS (If rural, give location) 106 4326 N. Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) Ross c. (Last) Minter		4. DATE OF DEATH: April 29 1957 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1902
9. AGE (in years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Public Service Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Sterling P. Minter	

13b. MOTHER'S MAIDEN NAME Joanna King		14. NAME OF HUSBAND OR WIFE Nina Minter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. 486-10-3771	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Minter		ADDRESS 4326 N. Walnut	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		3 days
	ANTECEDENT CAUSES DUE TO (b) Cerebral Vascular Accident		4 days
DUE TO (c) Embolism from rheumatic heart disease		4 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhoidectomy 5 days before death		4 1/2 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	20. AUTOPSY? Yes <input checked="" 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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 10⁵⁷, to 4-29, 1957, that I last saw the deceased alive on 4-29, 1957, and that death occurred at 8:32 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) Dr.	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 5-1-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-57	24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Clay County, Mo.	
DATE REC'D BY LOCAL REG. 5-1-57	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons North Kansas City, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert H. Hodge M. D.



1001-322-9

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 *Adrian Jay Stitt*

Licensed Embalmer No. *4882*

P. O. Address *K. C., Mo.*

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.