

Health, & Welfare  
Public Service

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36644  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 409

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <sup>0640</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2014 Spruce St.</u>		d. STREET ADDRESS (If outside, give location) <u>2014 Spruce St</u>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>JANE</u> Last <u>Minter</u> <del>XXXXXXXXXX</del>			4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>57</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/4/1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVELID</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pike County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JAMES H. HOUSE</u>	13b. MOTHER'S MAIDEN NAME <u>Melvina Harris</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lulu GRANT</u>	Address <u>2014 Spruce</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TERMINAL PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u>		
DUE TO (c) <u>Generalized Arteriosclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332X</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>1</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>9-4-56</u> to <u>10-12-57</u> and last saw <u>him</u> alive on <u>10-8-57</u> Death occurred at <u>4:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Cornelius Cweld, M.D.</u>	22b. ADDRESS <u>Hannibal MO</u>	22c. DATE SIGNED <u>10-21-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct. 16</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	23d. LOCATION (City, town, or county) <u>Hannibal, Mo</u>	(State)
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24. FUNERAL DIRECTOR <u>Geo E Roberts</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 22, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckley &amp; C. Fisher</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

RECEIVED OCT 24 1957  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 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 Geo E Roberts .....

Licensed Embalmer No. 2193

P. O. Address Hannibal .....

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.