

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36886**

FILED OCT 24 1957

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **189**

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| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla | | c. CITY OR TOWN Beaufort | d. Is 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) 5 months | | STREET ADDRESS (If rural, give location) None | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home | | 0360 | |

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|-------------------------------------|--------------------------|-------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HERMAN | b. (Middle) | c. (Last) MINCEMEYER | 4. DATE OF DEATH (Month) (Day) (Year) October 8, 1957 |
|-------------------------------------|--------------------------|-------------|-----------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Feb. 8, 1877 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Christian Mincemeyer | 13b. MOTHER'S MAIDEN NAME Anna Kublic | 14. NAME OF HUSBAND OR WIFE -- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4221 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **May 21, 1957**, to **Oct 8, 1957** that I last saw the deceased alive on **Oct 8, 1957**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Wm. R. Lytle M.D. | 23b. ADDRESS Rolla Mo. | 23c. DATE SIGNED Oct 8 1957 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Oct. 8, 1957 | 24c. NAME OF CEMETERY OR CREMATORY St. Jordan's Cemetery | 24d. LOCATION (City, town, or county) (State) Jeffersburg, Missouri |
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| DATE REC'D BY LOCAL REG. 10-18-57 | REGISTRAR'S SIGNATURE Nadine L. Steele | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home Rolla, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

380-0

RECEIVED

Phelps County Health Officer,

County File Number 852

Date Filed 10/23/57

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..... *Paul E. Nul*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.