

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004463  
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia <i>old</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1003 Jefferson		Length of stay in 1b 10 yrs.	d. STREET (If outside, give location) ADDRESS 1003 Jefferson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Robert (None) McMinn			4. DATE OF DEATH Month Day Year 2 21 58		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1884		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Vienna, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert McMinn			14. MOTHER'S MAIDEN NAME Armintha Sneed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Meryl McMinn Route 5, Col. Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Decompensation		INTERVAL BETWEEN ONSET AND DEATH 6-7 days  approximately 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Emaciation	
	DUE TO (c) Senile Debility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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	

21. I attended the deceased from April 5, 1957 to Feb. 18, 1958 and last saw <sup>her</sup> <sub>him</sub> alive on Feb. 16, 1958 Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Meryl McMinn</i> (Degree or title) D.O.			22b. ADDRESS 111 Christian College Ave Columbia, Missouri		22c. DATE SIGNED 2-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb 25 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Mo.
24. FUNERAL DIRECTOR Lyman Sprinkle		ADDRESS Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 22 1958	26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(If Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 1-56  
Sector, coroner, etc. must use only standard nomenclature in item 16. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 22 1958

MAR 27 1958

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 *Lynman H. Sprinkle*

Licensed Embalmer No. *110*  
P. O. Address *Columbus*

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