

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020694

STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 96

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richards</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>DEE</u> Last <u>MINOR</u>			4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</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>October 7 1888</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Southern Ry.</u>		11. BIRTHPLACE (City and state or country) <u>Stotesbury Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Minor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Strickland</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Minor</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-1431</u>		17. INFORMANT <u>Floyd Minor</u> Address <u>307 N. Ash Nevada, Missouri</u>	
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>Wet gangrene of entire right colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>29 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Thrombosis of right colic vein, spontaneous</u>					<u>29 hrs.</u>
DUE TO (c) <u>Unknown causes</u>					<u>466X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			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 <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 <u>Dec. 27, 1957</u> to <u>May 20, 1958</u> and last saw <sup>her</sup> him alive on <u>May 20, 1958</u> Death occurred at <u>Nevada Mo.</u> <u>10:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. B. Wray, M.D.</u>			22b. ADDRESS <u>Moore Building, Nevada, Mo.</u>		22c. DATE SIGNED <u>5-26-1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Liberty Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Stotesbury Missouri</u>
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

45

JUL 28 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 *L. Langley Perry* .....

Licensed Embalmer No. *4960* .....

P. O. Address *Nebraska, W.*

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.