Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024491
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Mexico 0043 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AudrainHospital — Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) 26 Fairsite — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ISAAC Middle VIRGIL Last Minnick		4. DATE OF DEATH Month Day Year July 22,1958	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Nov. 19,1895
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Dry Cleaning	10b. KIND OF BUSINESS OR INDUSTRY dry cleaning	11. BIRTHPLACE (City and state or country) Warsaw, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME E.W. Minnick	13b. MOTHER'S MAIDEN NAME Ella Baker	14. NAME OF HUSBAND OR WIFE Dena Minnick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 491-05-7363	17. INFORMANT Mrs. Dena Minnick, Address Mexico, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction

DUE TO (c) Hypertensive heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 June 24 58 to July 22 58 and last saw ~~her~~ him alive on July 22-58
Death occurred at 12:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Van Wyngarden 2 DO

22b. ADDRESS Mexico Mo

22c. DATE SIGNED 7-24 58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 24,58	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico,Mo.
24. FUNERAL DIRECTOR ADDRESS Precht-Hueston,Mexico,Mo.		25. DATE RECD. BY LOCAL REG. July 24-1958	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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JUL 30 1958

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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 Earl E. Pruehs

Licensed Embalmer No. 3189

P. O. Address Mexico - 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.