

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044287  
STATE FILE NUMBER  
6160

FILED JAN 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57 0

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph's Hospital</b>		Length of stay in lbs <b>40 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>427 No Topping</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>E</b> Last <b>MINKS</b>			4. DATE OF DEATH Month <b>December</b> Day <b>26</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 20 1903</b>	9. AGE (In years last birthday) <b>55</b>	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) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Squire Electric</b>	11. BIRTHPLACE (City and state or country) <b>Slater Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Andrew J Minks</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret E Huter</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Minks</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-07-0994</b>	17. INFORMANT <b>Mrs Carrie Minks 427 No Topping K C Mo</b> Address
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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) <b>Carcinoma of The liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>150X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Possible Carcinoma of Esophagus</b>		
DUE TO (c) <b>Congestive Heart Failure, Rheumatic N. Disease, Perforated Peptic Ulcer</b>		

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.)
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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
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21. I attended the deceased from **JAN. 1951** to **Present** and last saw him alive on **December 26 - 1958**  
Death occurred at **his Hospital - St Joseph** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul A. G. Johnson M.D.</b>	22b. ADDRESS <b>5111 Ludge Ave K.C. Mo</b>	22c. DATE SIGNED <b>12/29/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slater City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Slater Missouri</b>
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24. FUNERAL DIRECTOR <b>Sheil Home Kansas City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>12-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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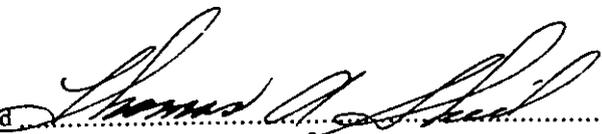
All diseases in Part I must be causally related.

Paul A. G. Johnson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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  .....

Licensed Embalmer No. 4954 .....

P. O. Address PC 921 .....

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.