

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039577**

FILED VS DEC 8 1959

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 29

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>FRANKLIN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CLAIR</u> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u> c. CITY OR TOWN <u>ST. CLAIR</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RR. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Raymond</u> Middle <u>Minshall</u> Last <b>4. DATE OF DEATH</b> Month <u>Dec.</u> Day <u>4</u> Year <u>1959</u>				<b>5. SEX</b> <u>MALE</u> <b>6. COLOR OR RACE</b> <u>WHITE</u> <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>Nov. 27, 1897</u> <b>9. AGE</b> (last birthday) <u>62</u> IF UNDER 1 YEAR Months <u>7</u> Days IF UNDER 24 HR Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>GENERAL CARPENTER</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>BEVIER MO</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>EDWARD MINSHALL</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>EMMA TANNER</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>FLORA MINSHALL</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>490-03-0530</u>		<b>17. INFORMANT</b> <u>John Minshall 347 FAIRLAWN WEBSTER GROVES MO</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pruned myocardial infarction due to arteriosclerotic cardiovascular disease</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u>Subject found dead in bed -</u>							<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Was living alone - no</u>			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<u>medical attendant.</u>					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE
<b>21. I attended the deceased from</b> _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:00 AM ?</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Robert Stumock M.D. Local Health Officer Mo-12/3/59</u>				<b>22b. ADDRESS</b>		<b>22c. DATE SIGNED</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>23b. DATE</b> <u>12-7-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Hiram Cem.</u>		<b>23d. LOCATION</b> (City, town, or county) <u>ST. LOUIS COUNTY MO.</u> (State)		
<b>24. FUNERAL DIRECTOR</b> <u>Sherwood W. Kitchell St. Clair Mo.</u>		ADDRESS		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-5-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Clady Smith</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 17 1959

**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 Shernold H. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, T

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.