

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005047

FILED VS MAR 7 1960

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 4 days		c. CITY OR TOWN Newport		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gilbreath Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First LETHA Middle JANE Last MINNICK				4. DATE OF DEATH Month Feb. 27, 1960 Day Year							
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 10, 1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Newport, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME W. E. Hatfield			13b. MOTHER'S MAIDEN NAME Mary Ann Shephard			14. NAME OF HUSBAND OR WIFE John S. Minnick					
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. None		17. INFORMANT Address Mr. Richard Minnick, Newport, 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) <i>Acute Enteritis, Epidemic</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Feb. 25, 1960</i>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Complete Inter-trochanteric Fracture, Left Femur. Oct. 1959</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Fell at home Oct 20, 1959</i>								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>oct. 25 1959</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Lamar. Barton Mo.</i>	
21. I attended the deceased from <i>Oct. 20, 1959</i> , to <i>Feb. 28, 60</i> and last saw her alive on <i>Feb. 27, 1960</i> Death occurred at <i>12:15 pm.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>John T. Diekel, M.D.</i>				22b. ADDRESS <i>Lamar, Mo.</i>			22c. DATE SIGNED <i>2/29/60</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Mar. 2, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Newport Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Newport, Missouri</i>					
24. FUNERAL DIRECTOR ADDRESS <i>Chiles Funeral Home, Lamar, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>MAR 1 - '60</i>		26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence H. Childs

Licensed Embalmer No. 3472

P. O. Address Lamar, Va.

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.