

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010643

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. Registrar's No. 373

ENDED

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><u>Greene</u>   | a. STATE<br><u>Missouri</u>  |   | b. COUNTY<br><u>Greene</u>  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><u>Rogersville, Washington Jimp.</u> | Length of stay in 1b   | c. CITY OR TOWN<br><u>Rogersville</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Residence</u>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS<br><u>Washington Jimp.</u>  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |   |  |
|--|----------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or print)  |                                  |   | 4. DATE OF DEATH  |  |
| First<br><u>Lonnie</u>   | Middle<br><u>Sherman</u>         | Last<br><u>Mincks</u>   | Month<br><u>March</u>   | Day<br><u>29</u>                             |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb. 8 1904</u>                                  | 9. AGE (last birthday)<br><u>56</u>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Greene Co Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>Alex Mincks</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Brewer</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mollie</u> |

|  |                                      |   |
|--|--------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>No</u> | 17. INFORMANT<br><u>Mollie Mincks, Rogersville, Mo R2</u> |
|--|--------------------------------------|---|

|   |   |  |
|---|---|--|
| 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)   | <u>Crown Thrombosis</u>   |  |
| CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Chronic pyelitis</u><br>DUE TO (c) <u>Cardio-vascular renal disease</u> |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>p.m.  | Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY<br>STATE  |

21. I attended the deceased from March 23, 1960 to March 29, 1960 and last saw him/slive on March 23, 1960  
Death occurred at 4:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>A.R. Schults, D.O.</u> | 22b. ADDRESS<br><u>Fredland, Mo.</u> | 22c. DATE SIGNED<br><u>3/30/60</u> |
|---|--------------------------------------|------------------------------------|

|   |  |  |   |
|---|--|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>    | 23b. DATE<br><u>3-31-60</u>                    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Palmetto Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Rogersville Rural, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>J.C. Ferrell, Rogersville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3-31-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Offis E. Mettern</u>           |   |

(Licensed Embalmer's Statement on Reverse Side)

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 Don G. Jewell

Licensed Embalmer No. 4847

P. O. Address Manassas, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.