

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014723

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 45 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH 6 1961
 a. COUNTY PIKE
 b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA Length of stay in 1b LIFE
 c. FULL NAME OF (If NOT in hospital, give location) 821 Jackson St. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE MO b. COUNTY PIKE
 c. CITY OR TOWN LOUISIANA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 821 JACKSON ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) FRANKIE ANN MINOR 4. DATE OF DEATH APRIL 18 61
 5. SEX FEMALE 6. COLOR OR RACE NEGRO 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-26-61 9. AGE (last birthday) 51 DAYS 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) LOUISIANA MO 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME WILLIAM LEE MINOR 13b. MOTHER'S MAIDEN NAME MARY DEAN GIVEN'S 14. NAME OF HUSBAND OR WIFE
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT WILLIAM MINOR Address LOUISIANA 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) Acute lobular pneumonia INTERVAL BETWEEN ONSET AND DEATH 10 hours.
 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) PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.
 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 _____ to _____ and last saw her dead 4-18-61
 Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) Nemmy H. Sweets Jr MD 22b. ADDRESS Wannabal MO 22c. DATE SIGNED 4/18/61
 23a. BURIAL CREMATORY BORTAL 23b. DATE ARR. 20-61 23c. NAME OF CEMETERY OR CREMATORY PRARIE VIEW CEM 23d. LOCATION (City, town, or county) (State) NEW LONDON MO.
 24. FUNERAL DIRECTOR GEORGE COLLIER ADDRESS LOUISIANA 25. DATE RECD. BY LOCAL REG. ARR 18-61 26. REGISTRAR'S SIGNATURE Bernice Collier

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 17 1961

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 *Les M. Collier*

Licensed Embalmer No. 3834
P. O. Address *Pineau Mrs.*

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.