

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

**-61-021762**

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. \_\_\_\_\_ Registrar's No. 108

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUN 27 1961**

1. PLACE OF DEATH  
 a. COUNTY Laclede  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Township Length of stay in lb 50 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #2 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Laclede  
 c. CITY OR TOWN Lebanon (Rural) Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Route #2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Van W. Minkler

4. DATE OF DEATH Month Day Year  
June 19 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-23-74 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY agricultural 11. BIRTHPLACE (City and state or country) Dover, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Harris H. Minkler 13b. MOTHER'S MAIDEN NAME Sarah Clark 14. NAME OF HUSBAND OR WIFE Nora Minkler

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 Mrs. Leon Tolson-Lebanon, 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) Coronary Insufficiency Acute 20 min  
 DUE TO (b) Coronary Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none  
 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 April 5, 1948 to June 19, 1961 and last saw her/him alive on 13 June 1961  
 Death occurred at 12.15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A. Jenkins M.D. 22b. ADDRESS Knight Bldg. Lebanon. Mo 22c. DATE SIGNED 20 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-20-61 23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cem. 23d. LOCATION (City, town, or county) (State) Lebanon Missouri

24. FUNERAL DIRECTOR ADDRESS Douglas Griswald, Lebanon, Mo 25. DATE RECD. BY LOCAL REG. 6-20-1961 26. REGISTRAR'S SIGNATURE Hella S. Hays

JUN 27 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 Allyn Hooker

Licensed Embalmer No. 4333

P. O. Address Lebanon, Mo.

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.