

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-025377

3202

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3202

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **45 YEARS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4537 FOREST AVENUE** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **JACKSON**
 c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4537 FOREST AVENUE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MATIE** Middle **LEAMER** Last **MINGER** 4. DATE OF DEATH Month **JUNE** Day **24th** Year **1961**

5. SEX **FEMALE** 6. COLOR OR RACE **CAUCASIAN** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6/22/78** 9. AGE (last birthday) **83** IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

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

13a. FATHER'S NAME **J. S. Leamer** 13b. MOTHER'S MAIDEN NAME **Elizabeth** 14. NAME OF HUSBAND OR WIFE **Fred S. Minger**

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 **Mrs. L. G. Pickering** Address **4509 Vermont, Kansas City, 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) **Hypertensive Heart Disease**
 DUE TO (b) **Essential Hypertension**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH **2 years**
10 years

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 _____ a.m. _____ p.m. Month, Day, Year _____

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 **1951** to **June 24, 1961** and last saw her alive on **June 1, 1961**
 Death occurred at **8:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Jack W. Wolf M.D.** 22b. ADDRESS **409 E. 63 St. Kansas City, Mo.** 22c. DATE SIGNED **6/25/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/28/61** 23c. NAME OF CEMETERY OR CREMATORY **Hamilton Cemetery** 23d. LOCATION (City, town, or county) (State) **Hamilton, Missouri**

24. FUNERAL DIRECTOR ADDRESS **D.W. NEWCOMER'S SONS 1331 Brush Creek Blvd.** 25. DATE RECD. BY LOCAL REG. **6-27-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK W. WOLF

ITEM NO. SHOULD READ

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 Louis Rued

Licensed Embalmer No. 4096

P. O. Address K.C. 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.