

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031763
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 227

FILED OCT 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Mo		Length of stay in 1b 3 weeks	c. CITY OR TOWN Montgomery City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 323 N. Walker Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bernice Middle Minter Last			4. DATE OF DEATH Month Oct Day 2nd Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 2-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Montgomery City Mo U.S.A		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME W. A. Worland		13b. MOTHER'S MAIDEN NAME Mollie Standhardt	14. NAME OF HUSBAND OR WIFE James Minter
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.	
17. INFORMANT James Minter		Address Montgomery 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) Hepatic failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholelithiasis - Aritiasis DUE TO (c) Chronic cholecystitis cholelithiasis			INTERVAL BETWEEN ONSET AND DEATH 28 years 6 weeks 1 1/2 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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from July 1961 to Oct 2, 1961 and last saw her him alive on Oct 2-61 Death occurred at 12:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold S. Lunsford M.D.		22b. ADDRESS Indian Mo	22c. DATE SIGNED 10-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-5-61	23c. NAME OF CEMETERY OR CREMATORY Worland Cemetery	23d. LOCATION (City, town, or county) - (State) Montgomery City Mo
24. FUNERAL DIRECTOR Curthopkins Montgomery City Mo		25. DATE RECD. BY LOCAL REG. Oct 2-1961	26. REGISTRAR'S SIGNATURE Blanche Keely

OCT 11 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 on the 2nd day of Oct-1961, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Archie Kins

Licensed Embalmer No. 1487
P. O. Address Winstywood City N

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.