ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036656
STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 173

FILED NOV 13 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPICKARD MO
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: GRUNDY
c. CITY OR TOWN: SPICKARD
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RALPH Middle: M. Last: MINTER

4. DATE OF DEATH: Month: NOV Day: 5 Year: 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-9-1893

9. AGE (last birthday): 68-7-26 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:

11. BIRTHPLACE (City and state or country): MERCER CO. MO.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: DAVID MINTER

13b. MOTHER'S MAIDEN NAME: ADA MC DONALD

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: ALTA WYATT Address: SPICKARD MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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.)
Death probably due to Coronary Occlusion and alcoholism

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

Donald H Slater County Coroner, 11-6-1961

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 Nov. 5, to Nov. 5 and last saw ~~her~~ XX ~~him~~ alive on XXXXXX

Death occurred at 7:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irene Fair, Local Registrar

22b. ADDRESS: Trenton, Mo

22c. DATE SIGNED: 11-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV-9-1961

23c. NAME OF CEMETERY OR CREMATORY: COON CEMETERY

23d. LOCATION (City, town, or county) (State): MERCER CO. MO.

24. FUNERAL DIRECTOR: WISE FUNERAL HOME ADDRESS: SPICKARD MO.

25. DATE RECD. BY LOCAL REG.: 11-9-61

26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1961

NOV 22 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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.