

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022200

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5158 Registrar's No. 153

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Bourbon Twp</u> Length of stay in lb <u>2 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reed's Lake W, Fulton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1521 Wyandotte</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Charles</u> Last <u>Minter</u>			4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>62</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/5/35</u>	9. AGE (last birthday) <u>27</u>	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) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (City and state or country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Marvin Minter</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. Lenora E. Kimlan Minter</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT Address <u>State Hospital Records Fulton, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> DUE TO (b) _____ DUE TO (c) <u>(Verdict of the Jury) Accidentally drowning</u>		INTERVAL BETWEEN ONSET AND DEATH _____
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>24 patients from State Hospital #1 on picnic he was swimming in Reed's Lake 7 Mi W. Fulton with 10 others, suddenly stepped off in deep water</u>	
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20c. TIME OF INJURY <u>App. 1:10 P.M.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Reed's Lake</u>	20f. CITY, TOWN, OR LOCATION <u>7 Mi W. Fulton</u>	COUNTY <u>Callaway</u>	STATE <u>Mo</u>
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21. attended the deceased from <u>State Hospital No. 1</u> to <u>6/26/62</u> Death occurred at <u>1:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	22c. DATE SIGNED <u>6/29/62</u>
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22a. SIGNATURE (Degree or title) <u>Daniel C Browning coroner</u>	22b. ADDRESS <u>State Hospital No. 1, Fulton, Mo.</u>	22c. DATE SIGNED <u>6/29/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 27, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Kans</u>
24. FUNERAL DIRECTOR ADDRESS <u>Browning Funeral Home Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 29 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 VS 300 Rev. 4/59
 10140
 23188
 3
 4 0
 5 0
 6
 7 1
 8 2
 99294
 10 42
 11 014
 12 91-3
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

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 Daryl C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.