

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026421

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 3713 STATE FILE NUMBER

FILED JUL 30 1962

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RT 29 Kansas City 55 Mo</u>		c. CITY OR TOWN <u>Rt. 29 Kansas City, 55, Mo</u>	
Length of stay in 1b <u>21 mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Teresa</u> Middle <u>Ann</u> Last <u>Minnick</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1962</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 26 '60</u>	9. AGE (last birthday) <u>1 yr.</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas U S A</u>		
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>Henry Edgar Minnick</u>		13b. MOTHER'S MAIDEN NAME <u>Ina Mae Whittaker</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>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT <u>Henry Edgar Minnick</u>		17. ADDRESS <u>None</u>		17. ADDRESS		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
IMMEDIATE CAUSE (a) <u>Asphyxiation</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Drowning</u>			
DUE TO (c) <u>—</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>fell in water filled hole in yard</u>
20c. TIME OF INJURY Hour <u>8</u> p.m. Month, Day, Year <u>7-15-62</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>home</u>	20f. CITY, TOWN, OR LOCATION <u>Madras (KC Mo) - Clay Mo</u>	COUNTY <u>Clay</u> STATE <u>Mo</u>
21. I attended the deceased from <u>7-15-62</u> , to <u>7-15-62</u> and last saw her alive on <u>7-15-62</u> Death occurred at <u>8:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>A.E. Spelman M.D.</u> (Degree or title)	22b. ADDRESS <u>Smithville Mo</u>	22c. DATE SIGNED <u>7-16-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>
23d. LOCATION (City, town, or county) <u>Smithville, Missouri</u>		23e. STATE <u>Missouri</u>
24. FUNERAL DIRECTOR <u>McComas Funeral Home</u>	ADDRESS <u>Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-16-62</u>
26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>		

BY AFFIDAVIT OF A. E. Spelman M.D.

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

6008

26868

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13

**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 Donald W. Hawks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.