

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028354

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 322

<b>FILED JUL 31 1962</b>			
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>ST FRANCOIS</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ESTHER</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT HOME</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MO</u> b. COUNTY <u>ST FRANCOIS</u></p> <p>c. CITY OR TOWN <u>ESTHER, MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>ESTHER, MO.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p><b>3. NAME OF DECEASED</b> First <u>BLAINE</u> Middle <u>L.</u> Last <u>MINTER</u></p>			
<p><b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>26</u> Year <u>1962</u></p>			
<p><b>5. SEX</b> <u>MALE</u></p>	<p><b>6. COLOR OR RACE</b> <u>WHITE</u></p>	<p><b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>5/2/1881</u></p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>RETIRED</u></p>	
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>BOLLINGER COUNTY</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>BIRD MINTER</u></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>JULIAN MORGAN</u></p>	
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>JENNIE MINTER</u></p>		<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u></p>	
<p><b>16. SOCIAL SECURITY NO.</b> _____</p>		<p><b>17. INFORMANT</b> <u>EMMA MINTER</u> Address <u>ESTHER, MO.</u></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u></p> <p style="text-align: center;">DUE TO (b) <u>BILATERAL LOBAR PNEUMONIA</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;"><u>HYPERTENSIVE CARDIOVASCULAR DIS. c DECOMPENSATION</u></p>			<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p> <p><u>4 HOURS</u></p> <p><u>2 DAYS</u></p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>		<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p><b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____</p>		<p><b>21. I attended the deceased from</b> <u>7-25-62</u> to <u>7-26-62</u> and last saw him alive on <u>7-26-62</u></p> <p>Death occurred at <u>2:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <u>C. E. Howell, D.O.</u></p>		<p><b>22b. ADDRESS</b> <u>FLAT RIVER, MO.</u></p>	
<p><b>22c. DATE SIGNED</b> <u>7-27-62</u></p>		<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u></p>	
<p><b>23b. DATE</b> <u>7/28/62</u></p>		<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>ST FRANCOIS MEMORIAL PARK</u></p>	
<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>BONNE TERRE MO</u></p>		<p><b>24. FUNERAL DIRECTOR</b> <u>RAYMOND CALDWELL &amp; SONS, FLAT RIVER, MO.</u></p>	
<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>July 27, 1962</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Catherine Redloff</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1962

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 David P. Caldwell, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_ Signed David P. Caldwell  
Signature of Student Embalmer

Licensed Embalmer No. 5184

P. O. Address Filat River, 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.