

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048043

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 93

FILED DEC 19 1962

VS 300
Rev. 4/59

DATE AMENDED

1 0910
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>RIPLEY</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN</u>		c. CITY OR TOWN <u>DONIPHAN</u>	
Length of stay in lb <u>11 years</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>RIPLEY CO. MEM. HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>207 LOCUST ST.</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 First Middle Last <u>FLORENCE HAAS MINICH</u>			4. DATE OF DEATH Month Day Year <u>DECEMBER 8, 1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</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>10/5/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>58</u>
11. BIRTHPLACE (City and state or country) <u>EASTON, PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NEWTON R. HAAS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA WAGNER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN M. MINICH</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.	17. INFORMANT Address <u>JOHN M. MINICH DONIPHAN, MO.</u>
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>6 weeks</u>
IMMEDIATE CAUSE (a) <u>Hepatitis (injection)</u>			
DUE TO (b)			
DUE TO (c)			
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
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 a.m. p.m. Month, Day, Year			
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 <u>June 61</u> to <u>Dec 8, 1962</u> and last saw her ^{her} him alive on <u>Dec 8, 1962</u>			
Death occurred at <u>8:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank C. Johnson M.D.</u> (Degree or title)		22b. ADDRESS <u>Doniphan Mo.</u>	22c. DATE SIGNED <u>12/11/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/11/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>EDWARDS FUNERAL HOME, DONIPHAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Berg</u>

PLATE NO. 20017

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 Jack L. Cunningham, Student Embalmer No. 676
working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed Gene H. Parrent
Licensed Embalmer No. 4809

P. O. Address Rayler, 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.

Remit record 12-11-62 JMB