

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002108

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6499  
20499

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED FEB 8 1963**

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. COUNTY JASPER b. COUNTY JASPER

c. CITY OR TOWN JOPLIN d. STREET ADDRESS 814 Pennsylvania

3. **NAME OF DECEASED** (Type or print) First EFFIE Middle BELLE Last MINCKS

4. **DATE OF DEATH** Month Feb. Day 2 Year 1963

5. **SEX** F 6. **COLOR OR RACE** W 7. **Married**  Never Married  Widowed  Divorced

8. **DATE OF BIRTH** 6-17-1888 9. **AGE** (last birthday) 74

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Owner + operator

10b. **KIND OF BUSINESS OR INDUSTRY** Restaurant

11. **BIRTHPLACE** (City and state or country) Bois D'Arc, Mo.

12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Nicholas Walker Chamlee 13b. **MOTHER'S MAIDEN NAME** Cecilia R. Cook

14. **NAME OF HUSBAND OR WIFE** I. S. MINCKS

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

16. **SOCIAL SECURITY NO.** [redacted] 17. **INFORMANT** I. S. MINCKS, 814 Penn., Joplin, Mo.

18. **CAUSE OF DEATH** (Enter only one cause per line)

PART I. **DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a) Ventricular Fibrillation

DUE TO (b) Complete Heart block

DUE TO (c) [redacted]

INTERVAL BETWEEN ONSET AND DEATH 8 year

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) Essential Hypertension - unknown

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.)

20c. **TIME OF INJURY** Hour [redacted] Month, Day, Year [redacted]

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** JOPLIN COUNTY JASPER STATE MISSOURI

21. I attended the deceased from 1958 to 1963 and last saw her alive on Feb. 2, 1963

Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) [Signature] 22b. **ADDRESS** 908 E. 7th, Joplin, Mo. 22c. **DATE SIGNED** 2-4-63

23a. **BURIAL, CREMATION, REMOVAL (Specify)** Burial 23b. **DATE** 2-5-63 23c. **NAME OF CEMETERY OR CREMATORY** Clear Creek 23d. **LOCATION** (City, town, or county) (State) near Springfield, Mo.

24. **FUNERAL DIRECTOR** Steve Parker Mortuary - Joplin, Mo. ADDRESS [redacted] 25. **DATE RECD. BY LOCAL REG.** 2-4-1963 26. **REGISTRAR'S SIGNATURE** Noel Merriam

USE BLACK INK OR TYPEWRITER RIBBON

JUN 20 1963

P 17 3  
- P 14 0

4-07

**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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.