

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39715

State File No. ....

FILED DEC 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1322

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</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, write RURAL and give township) <u>OR TOWN St. Joseph.</u>		c. CITY OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		e. STREET ADDRESS (If rural, give location) <u>334 North Main</u> <u>E 6001</u>	
3. NAME OF DECEASED (Type or Print) <u>ELMER SYLVESTER McMINNIS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1955.</u>	
a. (First)		b. (Middle)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-22-1908</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Work</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Latrop, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel McMinnis</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Colvins</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy McMinnis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes, army</u>		16. SOCIAL SECURITY NO. <u>490-16-2654</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucy McMinnis</u>		ADDRESS <u>334 N. Main, Liberty, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> INTERNAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic alcoholism</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-7-</u> , 1955, to <u>12-15-</u> , 1955, that I last saw the deceased alive on <u>12-14-</u> , 1955, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. H. Morroway M.D.</u>		23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>12-15-1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 15, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
495		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weylan Parley Funeral Home</u>	
ADDRESS <u>Liberty, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1958

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 *John Parley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty 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.