

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **741**

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 41621		Registrar's No. 13		
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Daviess				
b. CITY (If outside corporate limits, write RURAL and give township) Lock Springs		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Lock Springs				
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) ---				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Minnick			4. DATE OF DEATH (Month) (Day) (Year) January 25 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 18, 1848		
				9. AGE (In years last birthday) 100		10. IF UNDER 1 YEAR Days 3 IF UNDER 6 HRS. Hours 7 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (State or foreign country) Daviess County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac C. Minnick			13b. MOTHER'S MAIDEN NAME Nancy Offield		14. NAME OF HUSBAND OR WIFE Hester Ann Minnick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Minnick, Lock Springs, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of right femur of left leg DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2030					INTERVAL BETWEEN ONSET AND DEATH 6 hrs 2 1/2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2030					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Jan 18 - 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on icy walk. 31				
22. I hereby certify that I attended the deceased from Jan - 18, 1949 , to Jan 24, 1949 , that I last saw the deceased alive on Jan 24, 1949 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. B. Bailey				23b. ADDRESS 200 - 21 Jamesport, Mo.		23c. DATE SIGNED 1-27-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1949		24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cem.		24d. LOCATION (City, town, or county) (State) Lock Springs, Mo.		
DATE REC'D BY LOCAL REG. 29 Jan. 1949		REGISTRAR'S SIGNATURE Vivian M. Engelhart			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home Gallatin, Mo L. O. Dickerson			

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

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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.

Signed.....
L. O. Richerson

Signed.....
Student Embalmer

Licensed Embalmer No. *3307*

P. O. Address *Gallatin, 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 this body is not embalmed, fact should be so stated above.