

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7359

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>5700</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Bates County Missouri.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West Boone Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo.</u>					
c. LENGTH OF STAY (in this place) <u>5 days</u>				d. STREET ADDRESS (If rural, give location) <u>2nd &amp; Walnut St.</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Not in Hospital,</u>									
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TESSIE</u>		b. (Middle) <u>FREEMAN</u>		c. (Last) <u>MINNIS</u>			
4. DATE OF DEATH		(Month) <u>Apr.</u>		(Day) <u>7,</u>		(Year) <u>1949.</u>			
5. SEX <u>Female!</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Nov. 18, 1872</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>		IF UNDER 12 HRS. Hours <u>18</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household Duties.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>			11. BIRTHPLACE (State or foreign country) <u>Christian County, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Marion Freeman.</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Childs.</u>		14. NAME OF HUSBAND OR WIFE <u>Melvin Minnis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-28-7695</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tessie Land, Merwin, Mo.</u>				ADDRESS	
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>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Acute Gastro Enteritis</u> <u>Disseminated Broncho Pneumonia</u>						4 da 8 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/29</u> , 1949, to <u>4/7/</u> 1949, that I last saw the deceased alive on <u>4/6</u> , 1949, and that death occurred at <u>3:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Bois Chatard M.D.</u>				23b. ADDRESS <u>Drexel, Missouri.</u>			23c. DATE SIGNED <u>4/8/49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4/8/49</u>		REGISTRAR'S SIGNATURE <u>L. G. Montgell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. HAYS</u>		ADDRESS <u>Drexel, Mo.</u>		

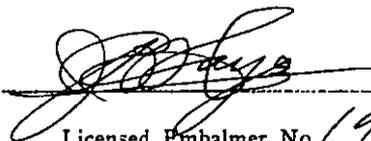
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

~~working under my personal supervision.~~

Student .....  
~~Student Embalmer~~

Signed .....



Licensed Embalmer No. 1950

P. O. Address Drexel Ave.

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.