No. 300
10-48

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14837

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 131

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

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ellis Fischel State Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette
d. STREET ADDRESS (If rural, give location): 402 Watts Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John Franklin b. (Middle) Minor c. (Last)

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: March 12, 1872

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Fayette, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Donald Minor

13b. MOTHER'S MAIDEN NAME: Lourina Ridgeway

14. NAME OF HUSBAND OR WIFE: Cora Minor

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Hospital Records 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid 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
Conditions contributing to the death but not related to the disease or condition causing death. 2040

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1949, *to* May 26, 1949 *that I last saw the deceased alive on* May 26, 1949, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.

23b. ADDRESS: Columbia, Mo.

23c. DATE SIGNED: May 26, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/26/49

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Fayette Mo.

DATE REC'D BY LOCAL REG.: May 26 1949

REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer 31 0

25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A Carr ADDRESS: Fayette Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUN 1 1949
Date filed

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 .....
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.