

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 517

00420

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) Highway 22	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) WILLIAM	c. (Last) MINNICK	4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1921	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaner	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning	11. BIRTHPLACE (State or foreign country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Virgil Minnick	13b. MOTHER'S MAIDEN NAME Deana Pruesner	14. NAME OF HUSBAND OR WIFE Martha Minnick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War II	16. SOCIAL SECURITY NO. 491-05-7870	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Minnick, Mexico, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary arteriosclerosis</i>	ANTECEDENT CAUSES	<i>4 hrs</i>
	DUE TO (b) <i>Anemia</i>		<i>5 mo</i>
DUE TO (c) <i>Myelogenous leukemia</i>		<i>6 mo</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>2041</i>	

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)	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 *Sept 2, 1949* to *Jan 8, 1950*, that I last saw the deceased alive on *Jan 8, 1950*, and that death occurred at *4:20 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>M. Mollenbock</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Mexico, Mo.</i>	23c. DATE SIGNED <i>Jan 9, 50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 11, 50</i>	24c. NAME OF CEMETERY OR CREMATORY. <i>Elmwood</i>	24d. LOCATION (City, town, or county) (State) <i>Mexico, Mo.</i>

DATE REC'D BY LOCAL REG. <i>Jan 11-1950</i>	REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul</i>	ADDRESS <i>Mexico, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1950

JAN 24 1950

MAR 15 1950

0260 1950

MAY 1 1951

JAN 16 1950

RECEIVED

District Health Officer No. 10

District File Number 1-50-10

Date Filed JAN 16 1950

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 L. Hueston Jr.*

Licensed Embalmer No. 4687

P. O. Address *Mexico, 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.