

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9142

FILED MAR 23 1950.

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		c. LENGTH OF STAY (in this place) 12 yrs		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		d. STREET ADDRESS (If rural, give location) 601 W. South Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 601 W. South Ave.		3. NAME OF DECEASED		4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) James		b. (Middle) Franklin		c. (Last) Mintun		6. (Month) (Day) (Year) Mar. 13, 1950	
7. (Type or Print)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
male		white		Married		94	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		12. KIND OF BUSINESS OR INDUSTRY R.L.D.S Church		13. BIRTHPLACE (State or foreign country) Harrison Co. Iowa		14. CITIZEN OF WHAT COUNTRY? USA	
15a. FATHER'S NAME Jacob Mintun		15b. MOTHER'S MAIDEN NAME Mary Lamb		15c. NAME OF HUSBAND OR WIFE Rosa May Mintun			
16. 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 Guy F. Mintun, Independence, 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, asthma, 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) Coronary Arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				420!	
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>6/27, 1943</u> to <u>3/13, 1950</u> , that I last saw the deceased alive on <u>3/13, 1945</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. T. Grabolek, M.D.				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Mad. Grove cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. Mar. 14-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Gerson		ADDRESS Independence, Mo.	

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

MAR 20 RECD

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 Embalmer No.....

Signed

R. A. Lisle

Signed.....
Student Embalmer

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.