

FILED AUG 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23770

Registrar's No. 311

| | | | | | | | | | | | |
|---|--|--|--|--|---|--|------------------|------------------------------------|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 5569 | | State File No. 23770 | | Registrar's No. 311 | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural --- Brookings | | | c. LENGTH OF STAY (in this place) 10 Mon. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strawsburg, 1190 | | | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 34 Hill Top Gardens | | | | | d. STREET ADDRESS (If rural, give location) Gen. Del. | | | | | | |
| 3. NAME OF DECEASED (Type or Print) John | | | a. (First) | | b. (Middle) Emerson | | c. (Last) Minter | | 4. DATE OF DEATH July 31, 1950 (Month) (Day) (Year) | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓ | | 8. DATE OF BIRTH March 9, 1869 | | 9. AGE (in years last birthday) 81 | | IF UNDER 1 YEAR Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) F Retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | | 11. BIRTHPLACE (State or foreign country) Owstey County Ky. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME W. A. Minter | | | 13b. MOTHER'S MAIDEN NAME Cynthia | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| 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 Lloyd Minter RR #3 Lee's Summit, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES (b) Chronic Arteritis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible cancer of colon | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 4-5 yrs 1.592 X 1 yr | | |
| 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 Oct 4, 1945, to 7-31-1950, that I last saw the deceased alive on 7-27-1950, and that death occurred at 9:50 A.M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>W. A. Minter</i> | | | | | 23b. ADDRESS Raytown, Mo. | | | 23c. DATE SIGNED 7-31-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug 4, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Strawsburg Cemetery | | 24d. LOCATION (City, town, or county) (State) Strawsburg, Missouri | | | | | |
| DATE REC'D BY LOCAL REG. Aug 2, 1950 | | REGISTRAR'S SIGNATURE <i>W. A. Minter</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Langford</i> | | | ADDRESS Lee's Summit, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

N. B. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 3853

P. O. Address Lee's Summit, 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.