

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13006**
Registrar's No. **100**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 38 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0493
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 E. Tenth St.			d. STREET ADDRESS (If rural, give location) 518 E. 10th St.		
3. NAME OF DECEASED (Type or Print) MILTON		a. (First)	b. (Middle)	c. (Last) MINOR	4. DATE OF DEATH (Month) (Day) (Year) April 25, 1951
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 8, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired custodian	10b. KIND OF BUSINESS OR INDUSTRY janitor	11. BIRTHPLACE (State or foreign country) Cameron, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mollie Minor	
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 Robert Minor, 1110 Walnut, Carthage, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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, 1934 , to April 25, 1951 , that I last saw the deceased alive on April 25, 1951 , and that death occurred at 10:58 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE George H. Wood		(Degree or title) MD	23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 4-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo		
DATE REC'D BY LOCAL REG. 4-28-51	REGISTRAR'S SIGNATURE LB Clinton, MD		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS	

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RECEIVED 5-1-51

Jasper County Health Office

County File Number 5711/357

Date Filed 5-1-51

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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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.