

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED AUG 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid 1721</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) _____ c. (Last) <u>MINNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-18-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1881</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MISSOURI U.S.A</u>		12. CITIZEN OF WHAT COUNTRY? <u>D.S.A</u>

13a. FATHER'S NAME <u>Pete Minner</u>		13b. MOTHER'S MAIDEN NAME <u>Lucina McCann</u>		14. NAME OF HUSBAND OR WIFE <u>Kay Minner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Minner - New Madrid Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crossing highway</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>61<sup>th</sup> mile north of New Madrid. Walked into front of car.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on highway 61</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>New Madrid Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-17-1951-7:30a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by car while crossing Highway 61 about 1 mile north of New Madrid</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Lois Haysmith</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>7/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Minner Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lindler</u> ADDRESS <u>New Madrid</u>			
DATE REC'D BY LOCAL REG. <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		216	

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

AUG 29 1951  
AUG 28 1951

RECEIVED  
RECEIVED

AUG 7 1951

AUG 6 1951  
DISTRICT HEALTH OFFICE No. 6

DISTRICT HEALTH OFFICE No. 6  
FILE NO.

File No.....

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 *L. S. Hodgson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.