

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6039

State File No.

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 19

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pettis</u> | c. LENGTH OF STAY (In this place) <u>6 Mos.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pettis</u> <u>0830</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville RFD3 Skyline Addition</u> | | d. STREET ADDRESS (If rural, give location) <u>Parkville RFD3 Skyline Addition</u> | |

| | | | | |
|-------------------------------------|----------------------------|--------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Sterling</u> | b. (Middle) <u>Price</u> | c. (Last) <u>Minor</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1952</u> |
|-------------------------------------|----------------------------|--------------------------|------------------------|---|

| | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>18 Jan 1876</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

| | | |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Bell Minor</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>George Minor</u> ADDRESS <u>R3 Parkville</u> |
|--|-------------------------------------|---|

| | | | |
|--|---|--|----------------------------------|
| 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) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>H201</u> | 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 _____, 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.

| | | |
|---|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>George Price Acting Coroner</u> (Degree or title) | 23b. ADDRESS <u>Platte City, Mo.</u> | 23c. DATE SIGNED <u>9 Feb. 1952</u> |
|---|--------------------------------------|-------------------------------------|

| | | | |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>13 Feb. 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u> | 24d. LOCATION (City, town, or county) (State) <u>Platte City Mo.</u> |
|---|-------------------------------|---|--|

| | | |
|--|---|--|
| DATE-REC'D BY LOCAL REG. <u>Feb. 18-52</u> | REGISTRAR'S SIGNATURE <u>Alphia Rollins</u> 257 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u> ADDRESS <u>Mo. NKC</u> |
|--|---|--|

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

830

30

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 _____

Licensed Embalmer No. 4856

P. O. Address W.C. 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.