

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17552

State File No.

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant Twp.</u> c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant Twp</u> <u>01601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Livonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Lovonia, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Albert</u>	b. (Middle) _____	c. (Last) <u>Minear</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug. 30, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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 <u>self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Minear</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Minear</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Minear, Livonia, Mo.</u>
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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 <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis falling</u> DUE TO (c) <u>Removal of prostatic</u> <u>154X</u>		
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>Carcinoma rectum removed</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan 1, 1952 to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. A. Larsen M.D.</u>	23b. ADDRESS <u>Centerville, Iowa</u>	23c. DATE SIGNED <u>6-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>June 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Livonia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-9-52</u>	REGISTRAR'S SIGNATURE <u>Manuel Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. O. Husted, Unionville, M</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0860

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

FD Husted Don

Licensed Embalmer No. *3307*

P. O. Address *Unionville, 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.