

STANDARD CERTIFICATE OF DEATH

9101

State File No.

No. 300
10.48

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARROLLTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 0 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Blair nursing home			
3. NAME OF DECEASED (Type or Print) a. (First) IZORA	b. (Middle) MAY	c. (Last) MINNIS	4. DATE OF DEATH (Month) (Day) (Year) APRIL 8th 1953
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 8, 1898
9. AGE (In years) 54		10. MONTHS 7	11. DAYS XX
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY =	11. BIRTHPLACE (State or foreign country) Hill Twp. Carroll Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas C. Minnis		13b. MOTHER'S MAIDEN NAME Emma Wooden	14. NAME OF HUSBAND OR WIFE not married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ethel Standley Bosworth, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 151X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April 1, 1952 to April 8, 1953 , that I last saw the deceased alive on April 8, 1953 , and that death occurred at 6 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE Ch. Ernest L. Smith M.D.		23b. ADDRESS 10th-9th St. Carrollton, Mo.	23c. DATE SIGNED 4-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/10/1953	24c. NAME OF CEMETERY OR CREMATORY Braden cemetery	24d. LOCATION (City, town, or county) (State) Tina, Missouri
DATE REC'D BY LOCAL REG. 4/9/53	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.	

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 _____

Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.