

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13017

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 443 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> <u>2880</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>West Depot Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Depot Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donnie</u>	b. (Middle) <u>Wilson</u>	c. (Last), <u>Minor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 13, 1896</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>custodian</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>A.L. Minor</u>	13b. MOTHER'S MAIDEN NAME <u>Lenora Francis Harlan</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Minor</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 war or dates of service) <u>498-14-0176</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtle Minor; Huntsville, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>(1950)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CA of Sigmoid Colon</u>		4 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to liver & lungs</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	5 yr

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>CA of Sigmoid - Removed 1951</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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 2, 1954, to April 12, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 4:38 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Dreyer, M.D.</u>	23b. ADDRESS <u>Huntsville, Mo.</u>	23c. DATE SIGNED <u>4/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/16/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fawks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Prairie Hill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-17-54</u>	REGISTRAR'S SIGNATURE <u>Mary H. Brantley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton Huntsville</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MD

MAY 3

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.