

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28695

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6059 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Collins</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Rural Collins</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collins Township</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Collins Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Estella</u> c. (Last) <u>Minks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug; 2 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 12, 1882</u>
9. AGE (In years last birthday) <u>72</u>	if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Collins Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin Minks</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Minks</u>
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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>Richard Minks, Collins Missouri</u>	ADDRESS
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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>6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malignancy of colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>became general after operations - bowels - valves - and lungs</u> DUE TO (c) <u>153X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>malignant tumor in lower colon</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 1949 to Aug, 1954, that I last saw the deceased alive on July, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Seavers MD</u>	(Degree or title)	23b. ADDRESS <u>Osceola Mo</u>	23c. DATE SIGNED <u>Aug 4 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holsapple</u>	24d. LOCATION (City, town, or county) (State) <u>Collins Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-4-54</u>	REGISTRAR'S SIGNATURE <u>Walter Seavers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J B Seaver</u>	ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *J. B. Sandwich*

Licensed Embalmer No. *303*

P. O. Address *Oscola*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.