No. 200
10.48

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33277

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: CARROLL.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Staton Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll.
c. CITY OR TOWN: Bogard Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D.

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3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): VENE
c. (Last): Minnis.

4. DATE OF DEATH (Month) (Day) (Year): Nov 4 1954

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.
8. DATE OF BIRTH: Jan 5 1862
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 9 Days 29 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Carroll County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WILLIAM Smithpeter
13b. MOTHER'S MAIDEN NAME: MARY DOAK.
14. NAME OF HUSBAND OR WIFE: Henry Minnis.

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.: NO
17. INFORMANT'S SIGNATURE OR NAME: Maude Minnis — **ADDRESS**: Bogard, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Dys

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: 490X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 4, 1954, *to* Nov. 4, 1954, *that I last saw the deceased alive on* Nov. 4, 1954, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Hamilton Staton M.D.
23b. ADDRESS: Carrollton, Mo.
23c. DATE SIGNED: Nov 5/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-7-54
24c. NAME OF CEMETERY OR CREMATORY: EBENEZER
24d. LOCATION (City, town, or county) (State): Bogard, Mo.

DATE REC'D BY LOCAL REG.: 11/5/54
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Dickerson Funeral Home
ADDRESS: Bogard Mo

(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 28 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.