

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7106

FILED MAR 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>6286</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WOOD TOWNSHIP</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>WYN GROVE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Wood Twp</u>		<u>11410</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u>			b. (Middle) <u>BELLE</u>			c. (Last) <u>MINER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28, 1955</u>			5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNMARRIED</u>	
8. DATE OF BIRTH <u>NOV 9, 1887</u>			9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>AUGUSTA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WALTER REED</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>LEE MARY MINER</u>			
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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BRYAN MINER CABOOL, MO</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in house fire</u>				INTERVAL BETWEEN ONSET AND DEATH	
				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. <u>E9160</u> <u>10</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wright Co MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-28-55-1 Pm</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Burned to death in house fire</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 Pm</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James Beck, 3rd Acting Coroner and Sheriff</u>				23b. ADDRESS <u>Hartsville MO</u>		23c. DATE SIGNED <u>2-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 30 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILLOW SPRINGS</u>		24d. LOCATION (City, town, or county) (State) <u>WYN GROVE MO</u>			
DATE REC'D BY LOCAL REG. <u>2-15-55</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u> 348		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stable Wood Mtz group MO</u>					

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

County File Number 355-28
Date Filed 3-5-55

MAR 21 1955

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 Frank Noble

Licensed Embalmer No. 448

P. O. Address Santa Fe

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.