

FILED JUL 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19459

BIRTH NO.		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 43		
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Ravanna Twp. 0650				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) A		c. (Last) Minshall		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 1, 1882		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jethro Minshall			13b. MOTHER'S MAIDEN NAME Lucy Jackson			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ordie Minshall Princeton, 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) Acute coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 8 hours		
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 None		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 August, 1954, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Orville H. Zolner MD				23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED July 5, 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-5-55		24c. NAME OF CEMETERY OR CREMATORY Topsy Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.		
DATE REC'D BY LOCAL REG. 7-7-55		REGISTRAR'S SIGNATURE Paul [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE 3934 Martin Funeral Home		ADDRESS Princeton, Mo. Evan Martin		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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
Student Embalmer

Signed *Evan Martin*

Licensed Embalmer No. 3760

P. O. Address Pawcatuck, Md.

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.