

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26345  
3489

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>55 yrs.</b>		STREET ADDRESS (If rural, give location) <b>1030 West 53 Terr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1030 W. 53 Terr.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HARRY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>MINTY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 14, 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson, Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Minty</b>	13b. MOTHER'S MAIDEN NAME <b>Grace Ann Abbott</b>	14. NAME OF HUSBAND OR WIFE <b>Lavinia Tough Minty</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>493-22-8669</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harriet Russell</b>	ADDRESS <b>1030 W. 53 Terr. KC. MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Biliary Cirrhosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stricture of Ampulla Vateri</b>		<b>2 mos.</b>
	DUE TO (c) <b>Arteriosclerosis - generalized</b>		<b>20 years</b>
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 10-1, 1950, to 8-8, 1955, that I last saw the deceased alive on 8-6, 1955, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. L. Byers M.D.</b>	(Degree or title) <sup>D</sup>	23b. ADDRESS <b>4635 Wyandotte, K.C. Mo</b>	23c. DATE SIGNED <b>8-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>8/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newcomer's Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-9-55</b>	REGISTRAR'S SIGNATURE <b>Neal Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>	ADDRESS <b>K.C. MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Byers  
4635 Wyandottette  
Le 5663

Exp 3:15 A.

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 *Ethel D. Triplett*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.