

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 21 1955

BIRTH NO. 67789-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 182

550

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

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tennessee b. COUNTY Lauderdale		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Port Leonard Wood, Mo.		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ripley Township		\$4108
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital			d. STREET ADDRESS (If rural, give location) Route 4		

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Eugene c. (Last) Minner			4. DATE OF DEATH (Month) (Day) (Year) December 13, 1955		
5. SEX Male	6. COLOR OR RACE Can	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 29 Sep 1955		9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 15 IF UNDER 24 HRS. 0 Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Vernon H. Minner		13b. MOTHER'S MAIDEN NAME Flossie Mae Fortner		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. None	17. INFORMANT'S SIGNATURE OR NAME US Army Hospital C.B. Milligan, Major, MSC, Fort Leonard Wood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis, cerebrospinal, meningococcic			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) 0570			
		II. OTHER SIGNIFICANT CONDITIONS 1. Hemorrhage, adrenal, cortex, right, 2. Edema & congestion all organs marked			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3. Diverticulum, Meckel's.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)	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 13 December 1955, to 13 December 1955, that I last saw the deceased alive on 13 December 1955, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. P. Fletcher, Capt. MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 13 Dec 55
--	--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/14/55	24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	24d. LOCATION (City, town, or county) (State) Ripley, Tenn.
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. 12-14-55	REGISTRAR'S SIGNATURE Donald Eugene Minner	25. FUNERAL HOME'S SIGNATURE Hedges Funeral Home	ADDRESS Waynesville, Mo
--	---	---	--------------------------------

Date Filed 12-17-58

The number

County Health Office

12-14-58

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 Clarence Jones

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

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.