

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3896

State File No. ....

No. 300  
10.48

FILED FEB 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Buchanan</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p>		b. COUNTY <p align="center"><b>Buchanan</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>St. Joseph</b></p>		c. LENGTH OF STAY (in this place) <p align="center"><b>18 years</b></p>		c. CITY OR TOWN <p align="center"><b>St. Joseph</b></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>Missouri Methodist Hospital</b></p>		e. STREET ADDRESS (If rural, give location) <p align="center"><b>2705 Renick St.</b></p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center"><b>JOHN</b></p>	b. (Middle) <p align="center"><b>WILLIAM</b></p>	c. (Last) <p align="center"><b>MINOR</b></p>	(Month)	(Day)	(Year)
			<b>Feb. 11, 1956</b>		

5. SEX <p align="center"><b>male</b></p>	6. COLOR OR RACE <p align="center"><b>white</b></p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>married</b></p>	8. DATE OF BIRTH <p align="center"><b>January 22, 1889</b></p>	9. AGE (In years last birthday) <p align="center"><b>67</b></p>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Minister</b></p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><b>Protestant Church</b></p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><b>Warsaw, Missouri</b></p>		12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>	

13a. FATHER'S NAME <p align="center"><b>Samuel H. Minor</b></p>	13b. MOTHER'S MAIDEN NAME <p align="center"><b>Sally Christian</b></p>	14. NAME OF HUSBAND OR WIFE <p align="center"><b>Verda Minor</b></p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p align="center"><b>no</b></p>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <p align="center"><b>494-40-9025</b></p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Mrs. J. W. Minor, 2705 Renick, St. Joseph, Mo.</b></p>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Dissection</u>		<u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<u>4200</u>

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 <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 Feb - 2, 1956, to Feb 11, 1956, that I last saw the deceased alive on Feb - 10, 1956, and that death occurred at 3:40a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center"><b>T. L. Howden</b></p>	23b. ADDRESS <p align="center"><b>419 Kirkpatrick Bldg City</b></p>	23c. DATE SIGNED <p align="center"><b>2-11-56</b></p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>burial</b></p>	24b. DATE <p align="center"><b>2/15/1956</b></p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center"><b>Miriam Cemetery</b></p>	24d. LOCATION (City, town, or county) (State) <p align="center"><b>Bethany, Missouri</b></p>
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DATE REC'D BY LOCAL REG. <p align="center"><b>Feb 15, 1956</b></p>	REGISTRAR'S SIGNATURE <p align="center"><b>Kathleen M. Allison</b></p>	485	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><b>Hester Bowman - St Joseph Mo.</b></p>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1957

JUL 18 1956

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.....  
Licensed Embalmer No. 4536

P. O. Address 319 E 10th St.

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.

