

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7833**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Nevada Mo.</u>		c. CITY OR TOWN <u>Ash Grove</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#411 So. Ash St. Fanning Rest Home</u>			
e. STREET ADDRESS (If rural, give location) <u>East Part Town</u>			<u>03401</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Van Buren</u> c. (Last) <u>Mynatt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3-1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 15</u>
9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Mynatt</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Mynatt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Mynatt</u> ADDRESS <u>Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease with hypertension cltv</u>		
	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>Coronary atherosclerosis &amp; urinary retention 1 month</u> <u>tumor? residual of operation 2 yrs.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1956, to March 3, 1956, that I last saw the deceased alive on March 1, 1956, and that death occurred at L.S.S.A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James J. Preece M.D.</u>	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>March 3</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JWB</u> ADDRESS <u>Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-1956</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry 451</u>	

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

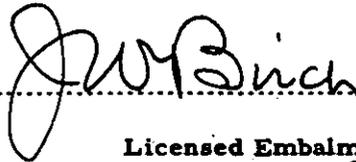
---

**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.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 285

P. O. Address Ash Grove, Cal.

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.