

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30274

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. CITY OR TOWN Gallatin	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) 3 Yrs.		e. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		0310	
3. NAME OF DECEASED (Type or Print) a. (First) Neil b. (Middle) Wadsworth c. (Last) Minnick			4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 5 1899
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	11. BIRTHPLACE (City and State or Foreign Country) Lock Springs, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Automobile Agency	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Z. Minnick		13b. MOTHER'S MAIDEN NAME Alice Lillian Dunn	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. 495-05-5340	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. B. Wade, Gallatin, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH Immediate	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Asthma Cardiac ✓		DUE TO (c) ---	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. Dyspnea		Several Years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, at _____, 19____, about 10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R. F. Clements Jr.</i> Dpty. Coroner		23b. ADDRESS Gallatin, Missouri	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-1956	24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cemetery	24d. LOCATION (City, town, or county) (State) Lock Springs, Mo. 9-25-56
DATE REC'D BY LOCAL REG. 9-26-56	REGISTRAR'S SIGNATURE Virginia M. Engelbert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.	

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

81-0

OCT 16 1956

Recd
8 NOV 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 *L. O. Johnson*

Licensed Embalmer No. 330

P. O. Address Gallatin

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.