

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16427**

FILED MAY 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 42

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b>                                      |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Carrollton</b> | c. LENGTH OF STAY (in this place) _____ | c. CITY OR TOWN <b>Carrollton</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bales Hospital</b>                      |   | e. STREET ADDRESS (If rural, give location) <b>518 N. Main</b>  |  |

|   |                       |                         |  |
|---|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edward</b> | b. (Middle) <b>L.</b> | c. (Last) <b>Minnis</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 13, 1957</b> |
|---|-----------------------|-------------------------|--|

|                    |                               |   |                                       |   |  |  |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 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>Sept. 9, 1895</b> | 9. AGE (In years last birthday) <b>61</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--|

|  |  |   |  |
|--|--|---|--|
| 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>Oil Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|---|--|

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|---|---|--|
| 13a. FATHER'S NAME <b>Rector Minnis</b> | 13b. MOTHER'S MAIDEN NAME <b>Fannie Quarles</b> | 14. NAME OF HUSBAND OR WIFE <b>Gene Minnis</b> |
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|  |  |   |               |
|--|--|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>495-07-1058</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Caroline Minnis, Carrollton, Mo.</b> | ADDRESS _____ |
|--|--|---|---------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><b>10 days</b><br><b>2 yr</b><br><b>3 yr</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b><br><b>Nephritis arteriosclerosis</b><br><b>Bronchitis subacute</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Cystitis recurrent</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <b>2</b><br>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)<br><b>446x</b> |
|--|--|--|

|   |  |                                  |
|---|--|----------------------------------|
| 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 **4-25, 1957**, to **5-13, 1957**, that I last saw the deceased alive on **5-13, 1957**, and that death occurred at **4 A.M.** from the causes and on the date stated above.

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| 23. SIGNATURE (Degree or title) <b>Eugene J. Sales, M.D.</b> | 23b. ADDRESS <b>Carrollton Mo.</b> | 23c. DATE SIGNED <b>5-13-57</b> |
|--|------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5/14/57</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b> |
|---|--------------------------|---|---|

|   |  |  |               |
|---|--|--|---------------|
| DATE REC'D BY LOCAL REG. <b>5/15/57</b> | REGISTRAR'S SIGNATURE <b>Mr. Herbert Calvert</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Standley &amp; Gibson, Carrollton, Mo.</b> | ADDRESS _____ |
|---|--|--|---------------|

(Licensed Embalmer's Statement on Reverse Side)

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

450

MAY 29 1957

**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 *Ben W Gibson*.....

Licensed Embalmer No. *2961*.....

P. O. Address *Carrollton*.....

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.