No. 300
10.48

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20516

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Pilot Grove Twp.
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Pilot Grove
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0210

3. NAME OF DECEASED (Type or Print): a. (First) ORVILLE b. (Middle) IRA c. (Last) MINOR
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25 1900
9. AGE (In years last birthday): 57 — UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Selma, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Samuel Minor
13b. MOTHER'S MAIDEN NAME: Anna Laura Adams
14. NAME OF HUSBAND OR WIFE: Catherine Minor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 702-10-8338
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Catherine Minor, Pilot Grove Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Luetic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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.

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 023X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? _____

22. *I hereby certify that I attended the deceased from* 7-16-47, 19____, *to* 7-7-57, 19____, *that I last saw the deceased alive on* 6-13-57, 19____, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. M. Stuart (Degree or title) MD
23b. ADDRESS: 329 Main, Boonville Mo
23c. DATE SIGNED: 7-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July-10-1957
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph Ceme
24d. LOCATION (City, town, or county) (State): Pilot Grove Mo

DATE REC'D BY LOCAL REG. 7/8/57 REGISTRAR'S SIGNATURE: B. Hooper

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hays Painter, Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

80

SEP 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Peyton E. Haye

Licensed Embalmer No. 3074

P. O. Address Pilot Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.