

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

'57 027722  
 STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Carrollton,</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Trotter Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>102 E. Lincoln</b>			Length of stay in lb HOSPITAL OR INSTITUTION <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. 3#</b>		e. <input checked="" type="checkbox"/> Beside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Roger Mc Cay Minnis</b>				First	Middle	Last	4. DATE OF DEATH <b>Sept. 1, 1957</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>June 19, 1888</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supt. Oil Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Oil</b>	11. BIRTHPLACE (City and state or country) <b>Carroll Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Frank Minnis</b>				14. MOTHER'S MAIDEN NAME <b>Joan Smith</b>				
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>551-03-9519</b>	17. INFORMANT <b>Homer Minnis</b>		Address <b>Carrollton, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion acute (atherosclerosis) -</b> DUE TO (b) <b>Bronchial pneumonia.</b> DUE TO (c) <b>Aspiratic flue</b>							INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>480X</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>8-27-57</b> to <b>9-1-57</b> and last saw <b>her</b> alive on <b>8-31-57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Regent J. Salis</b>				22b. ADDRESS <b>Carrollton MO</b>		22c. DATE SIGNED <b>9-3-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<b>Burial</b>		<b>9/4/57</b>	<b>Oak Hill Cemetery</b>		<b>Carrollton, Missouri</b>			
24. FUNERAL DIRECTOR <b>Marshall Funeral Home</b>				ADDRESS <b>Carrollton</b>		25. DATE RECD. BY LOCAL REG. <b>9/4/57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Herbert Caldwell</b>

(Licensed Embolmer's Statement on Reverse Side)

OCT 8 1958

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.....  
*R. M. Marshall*

Licensed Embalmer No. 414

P. O. Address.....  
*Carroll*

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