

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018951
State File No.

FILED MAY 20 1958
BIRTH NO. REG. DIST. NO. 187. PRIMARY REG. DIST. NO. 3040 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 9 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 Hogan street.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Warren	a. (First)	b. (Middle) Crockett	c. (Last) Minnis
4. DATE OF DEATH MAY 10, 1958	(Month)	(Day)	(Year)
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1886
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 11	IF UNDER 1 YEAR 2	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hill Two, Carroll County MO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hugh Canada Porter	13b. MOTHER'S MAIDEN NAME Elorence Elizabeth McPheeters	14. NAME OF HUSBAND OR WIFE, Della Minnis	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Minnis, Hale, Missouri	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic Carcinoma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>Not known</i>
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) m.	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 <i>Oct 21</i> , 1957, to <i>May 10</i> , 1958, that I last saw the deceased alive on <i>May 10</i> , 1958, and that death occurred at <i>10:00 A.M.</i> from the causes and on the date stated above.			
23a. SIGNATURE <i>Clifford W. Austin</i>	(Degree or title)	23b. ADDRESS <i>Chillicothe</i>	23c. DATE SIGNED <i>5-13-58</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/12/1958	24c. NAME OF CEMETERY OR CREMATORY Blue Mound	24d. LOCATION (City, town, or county) (State) Dawn, Missouri
DATE REC'D BY LOCAL REG. 5-13-58	REGISTRAR'S SIGNATURE <i>Frances B. Nail</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin Tina, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

0592

0592

1710

MAY 22 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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 this body is not embalmed, fact should be so stated above.