

Dept. Health,
 & Welfare
 S. Public
 Health Service
 830
 V. S. 300
 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026535
 STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> <i>Walter</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Weston</u> <u>6830</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Matthew's Home</u>		Length of stay in 1b <u>2 year</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Taylor</u> Last <u>Mingee</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 20, 1875</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u> </u> Days <u> </u>	11. UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Georgetown, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James A. Mingee</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Wright</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. John Mingee</u> <u>2328 Froost</u> <u>K. C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senile dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral arteriosclerosis</u>	<u>4 yrs</u>
	DUE TO (c) <u>XXXXXXXXXX</u>	<u>334X</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of neck of rt. femur 3 years ago</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE: HOMICIDE <input type="checkbox"/> XXXXXX <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>XXXXXXXXXXXX</u>
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20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>	<u>XXXXXXXXXXXXXX</u>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>	20f. CITY, TOWN, OR LOCATION <u>Weston</u>	COUNTY <u>Platte</u>	STATE <u>Missouri</u>
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21. I attended the deceased from July, 16, 58 to July, 19, 1958 and last saw her/him alive on July, 19, 1958
 Death occurred at 11pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Lewis B. Bolwerk M.D.</u>	22b. ADDRESS <u>Weston Missouri</u>	22c. DATE SIGNED <u>7/22/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Weston, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Laughn Funeral Home Weston, Mo.</u>	ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>July 22, 1958</u>	26. REGISTRAR'S SIGNATURE <u>B. Phia Rollins</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2510



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 *W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, Mo.*

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.