

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039226

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 54

S. 300 /
1-57

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Keytesville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 N. Ave		Length of stay in 1b 20-Years	d. STREET ADDRESS (If outside, give location) 212-North Ave,
3. NAME OF DECEASED (Type or print) First Middle Last Nannie Susan Minor			4. DATE OF DEATH Month Day Year Nov. 10th, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15th, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 91
11. BIRTHPLACE (City and state or country) Randolph Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Issac Giles		13b. MOTHER'S MAIDEN NAME Nancie Bradley	14. NAME OF HUSBAND OR WIFE Larkin Minor
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 Address Mrs. Pearl Sterner Keytesville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Operation for fracture left hip			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 7 a.m. Aug 13, 1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home of daughter Keytesville Chariton		20f. CITY, TOWN, OR LOCATION COUNTY STATE Keytesville Chariton Mo
21. I attended the deceased from Death occurred on Aug 13, 1958 at 3:30 P. to Nov 10, 1958 and last saw her alive on Nov 6, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Hanson (Degree or title) MD		22b. ADDRESS Salisbury Mo	22c. DATE SIGNED Nov 12, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 12th, 1958	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or country) (State) Keytesville, Mo
24. FUNERAL DIRECTOR N. D. Barrett ADDRESS Keytesville, Mo.		25. DATE RECD. BY LOCAL REG. 11/13/58	26. REGISTRAR'S SIGNATURE J. W. Harrison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

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

Licensed Embalmer No.....

P. O. Address

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.