

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040531

STATE FILE NUMBER

8
FILED DEC 10 1958

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 56

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Oak Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brooks Nursing Home</u>			Length of stay in 1b <u>2 days</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles S. E. of Oak Grove</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Lilla</u> Middle <u>Mae</u> Last <u>Minter</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1958</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 16 1880</u>		9. AGE (In years last birthday) <u>78</u> IF 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) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Oak Grove Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George H Morris</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Ray</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
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 Address <u>Roy Minter Oak Grove, Mo.</u>				
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>Fractured Hip left</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerotic heart disease</u>							2 yrs		
DUE TO (c) <u>Spurred artorio sclerotic</u>							8 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
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.) <u>---</u>						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT <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.) <u>---</u>			20f. CITY, TOWN, OR LOCATION <u>Oak Grove</u>		COUNTY <u>Missouri</u>		STATE <u>Missouri</u>		
21. I attended the deceased from <u>10-1-58</u> to <u>11-21-58</u> and last saw ^{her} alive on <u>11-18-58</u> Death occurred at <u>3:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Lilla Mae Minter</u>					22b. ADDRESS <u>Oak Grove Mo</u>		22c. DATE SIGNED <u>11/21/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 23 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Oak Grove Missouri</u>		
24. FUNERAL DIRECTOR <u>Webb Funeral Home Oak Grove Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-6-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. G. V. Redford</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

50

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~~ XXXXXX....., Student Embalmer No. XXXX..... working under my personal supervision.

Student XXXXXX.....
Signature of Student Embalmer

Signed William Free.....

Licensed Embalmer No. 4733.....

P. O. Address Blue Springs 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.