THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043435

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 298

1. PLACE OF DEATH
a. COUNTY Callaway County
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fulton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital . #112 — Length of stay in 1b: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Wright City — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) D.K. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Banjamin Middle Last Minning
4. DATE OF DEATH: Month December Day 20 Year 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-12-89
9. AGE (In years last birthday) 69 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Herman Minning
13b. MOTHER'S MAIDEN NAME Annie Welch
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. D.K.
17. INFORMANT Hospital Records Address Fulton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pelvic vein Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 466x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-8-58 to 12-20-58 and last saw her/him alive on 12-20-58
Death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James K. Rutlerbusch (Degree or title) M.D.
22b. ADDRESS State Hospital No. 1
22c. DATE SIGNED 12-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-23-58
23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery
23d. LOCATION (City, town, or county) (State) Wright City, Missouri
24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Director, Fulton, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 29-1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.