

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016508  
STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 356

Primary Registration District No. 4521

Registrar's No. 28

300  
-57 8

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Houston</b> <b>1070</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Texas County Mem Hosp.</b>		Length of stay in lb <b>7 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>4 mi. So. Houston</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Charles</b> Last <b>Minson</b>			4. DATE OF DEATH Month <b>4</b> Day <b>5</b> Year <b>59</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-15-97</b>	9. AGE (In years birth day) <b>61</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Arroll, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas B. Minson</b>	13b. MOTHER'S MAIDEN NAME <b>Bethany Wheeler</b>	14. NAME OF HUSBAND OR WIFE <b>Hassie</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-28-2147</b>	17. INFORMANT Address <b>Gladene Minson- Peace Valley, Mo</b>
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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) <b>Intra abdominal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Severe Carcinomatosis</b>		
DUE TO (c) <b>Primary Ca. of Kidney (Hypernephroma)</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>180X</b>		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.)
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20c. TIME OF INJURY Hour <b>1:25</b> a.m. <b>4/5/59</b> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION <b>Houston, Mo</b>	COUNTY <b>Texas</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>Mar 15, 1959</b> to <b>4/5/59</b> and last saw <sup>her</sup> him alive on <b>4/5/59</b> Death occurred at <b>1:25 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>J. J. Burns, MD</b> (Degree or title)	22b. ADDRESS <b>Houston, Mo</b>	22c. DATE SIGNED <b>4/5/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-7-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Cemetery</b>	23d. LOCATION (City, town, or county) <b>Texas County, Missouri</b>
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24. FUNERAL DIRECTOR <b>Raymond E. Duff, Houston, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-13-59</b>	26. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank E. Hood* .....

Licensed Embalmer No. *4026* .....

P. O. Address. *Houston, TX* .....

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.