

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036042

FILED VS. NOV 4 1959 44

STATE FILE NUMBER

UNRECORDED

Registration District No. 5562 Primary Registration District No. 5562 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Length of stay in 1b 1yr. 9mo. 8da.	c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 72	
3. NAME OF DECEASED (Type or print) First Middle Last Cora Minor			4. DATE OF DEATH Month Day Year Oct. 22, 1959		
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. 25, 1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 0 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Howard Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME George Martin		13b. MOTHER'S MAIDEN NAME Julia Jordan		14. NAME OF HUSBAND OR WIFE John 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 Dolores Weiss, Ironton, 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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____					
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 1-14-58 to 10-22-59 and last saw her ^{her} _{him} alive on 10-16-59 Death occurred at 10:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Marvin C. Menzies, M.D.</i>			22b. ADDRESS 109 N. Main, Ironton, Missouri		22c. DATE SIGNED 10-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-25-59	23c. NAME OF CEMETERY OR CREMATORY City Cmetery		23d. LOCATION (City, town, or county) (State) Fayette, Mo.	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>Ansel White</i>			25. DATE RECD. BY LOCAL REG. 10-23-59	26. REGISTRAR'S SIGNATURE <i>Mrs Avis Jones</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1954 NOV 4 SA

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 *Annely White*

Licensed Embalmer No. 3012

P. O. Address *Immiton hco*

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.