

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000096

FILED VS. JAN 22 1960 13

Primary Registration District No. 3003 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b 6 days	c. CITY OR TOWN Pierce City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Main Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Bradford Bennett Minor			4. DATE OF DEATH Month Day Year 1 9 1960				
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-22-1887	9. AGE (last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Internal Revenue		10b. KIND OF BUSINESS OR INDUSTRY Collector	11. BIRTHPLACE (City and state or country) Pierce City Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Izac Minor		13b. MOTHER'S MAIDEN NAME Lorenda Hines		14. NAME OF HUSBAND OR WIFE Alice Minor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World war		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Alice Minor Pierce City 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) Multiple Emboli DUE TO (b) Arteriosclerotic heart dis DUE TO (c) Gen Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 9 days 3 yrs ?		
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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
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 Pierce City		COUNTY Mo.	STATE
21. I attended the deceased from 10-11-57 to 1-10-60 and last saw her alive on 1-10-60 Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. P. Edwards M.D.			22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 1-14-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-11-1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Pierce City Mo.		23e. (State)	
24. FUNERAL DIRECTOR Wilks Bros.		ADDRESS Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 1-14-60	26. REGISTRAR'S SIGNATURE Mrs. P. M. Cook		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 25

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Edwin Wilbs, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin Wilbs

Licensed Embalmer No. 4131
P. O. Address Perre City

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.