

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022202

FILED VS JUN 21 1960 4

Registration District No.

Primary Registration District No. 4014

Registrar's No. 189

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY ATCHISON | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. STATE Missouri , COUNTY HOLT | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FAIRFAX | | Length of stay in lb 4 DAYS | c. CITY OR TOWN MOUND 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 Community Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last ELMER THORP MINSHALL | | | 4. DATE OF DEATH Month Day Year JUNE 16, 1960 | | | |
| 5. SEX MALE | 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 3/15/1872 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR 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 FARMING | 11. BIRTHPLACE (City and state or country) RICHARDSON Co., Neb. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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| 13a. FATHER'S NAME ELIAS T MINSHALL | | 13b. MOTHER'S MAIDEN NAME EMILY LAMB | | 14. NAME OF HUSBAND OR WIFE SARAH M. MINSHALL | | |
| 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 JOHN FIELD, MOUND CITY, Mo. | | | |

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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) Myocardial Heart Failure | | | INTERVAL BETWEEN ONSET AND DEATH Months | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Arteriosclerosis of heart | | years |
| | | DUE TO (c) Generalized arteriosclerosis | | years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatic Carcinoma | | | 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 | |

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| 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 a.m. p.m. | 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 | COUNTY | STATE |
|---------------------------------------|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from Nov. 1959 to JUNE 16, 1960 and last saw him alive on June 16, 1960 | |
| Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE James Humphrey M.D. (Degree or title) | 22b. ADDRESS MOUND CITY, Mo. | 22c. DATE SIGNED JUNE 16, 1960 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6-18-1960 | 23c. NAME OF CEMETERY OR CREMATORY BENTON CEMETERY | 23d. LOCATION (City, town, or county) (State) HOLT Co., Mo. |
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| 24. FUNERAL DIRECTOR James H. Crawford | ADDRESS MOUND CITY, Mo. | 25. DATE RECD. BY LOCAL REG. JUNE 18, 1960 | 26. REGISTRAR'S SIGNATURE Harwin H. Schaefer |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound

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.