

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

86-60-034169  
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 86

|  |  |   |  |  |  |  |                              |
|--|--|---|--|--|--|--|------------------------------|
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |  |  |                              |
| a. COUNTY<br><b>Clay</b>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Excelsior Springs</b>   |  | a. STATE<br><b>Mo.</b>   |  | b. COUNTY<br><b>Clay</b>   |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Spaview Nursing Home</b>  |  | Length of stay in 1b<br><b>1 year</b>   |  | c. CITY OR TOWN<br><b>Avondale</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                              |
|  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS<br>(If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                              |
| 3. NAME OF DECEASED (Type or print)  |  |   |  | 4. DATE OF DEATH   |  |  |                              |
| First<br><b>John</b>   |  | Middle<br><b>A.</b>   |  | Last<br><b>Mynatt</b>  |  | Month Day Year<br><b>August 5 1960</b>   |                              |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-3-1870</b>                            | 9. AGE (last birthday)<br><b>90</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                            |  | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>General Laborer</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                              | 11. BIRTHPLACE (City and state or country)<br><b>Knoxville, Tenn.</b>                        |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |                              |
| 13a. FATHER'S NAME<br><b>Henry Mynatt</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sidney E. Mynatt</b>           |  | 14. NAME OF HUSBAND OR WIFE<br><b>Dora Mynatt</b>                    |  |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>                         |  | 17. INFORMANT Address<br><b>Sam Mynatt, Avondale, Mo.</b>            |  |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |                              |
| IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>  |  |   |  |  |  | <b>instant</b>   |                              |
| DUE TO (b) <b>hypertension</b>   |  |   |  |  |  |  |                              |
| DUE TO (c) <b>arteriosclerosis</b>   |  |   |  |  |  |  |                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cardiac asthma</b>   |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |                              |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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   |  | COUNTY   | STATE                        |
| 21. I attended the deceased from <u>12/28/59</u> to <u>8/5/60</u> and last saw <sup>her</sup> him alive on <u>8/5/60</u><br>Death occurred at <u>12:00 Noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |                              |
| 22a. SIGNATURE <i>JR M. E. Embler M.D.</i> (Degree or title)   |  |   |  | 22b. ADDRESS<br><b>Excelsior Springs, Mo</b>   |  | 22c. DATE SIGNED<br><b>8/31/60</b>   |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>Aug. 8, 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview Cemetery</b> |  | 23d. LOCATION (City, town, or county) (State)<br><b>Liberty, Mo.</b> |  |                              |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>D. W. Newcomer's Sons N. K. C. Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9/10/60</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Barlene Hutchings</i>                |  |                              |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. M. C. Crocken  
Excelsior Springs, Mo.

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Linnick

Licensed Embalmer No. 4848

P. O. Address K. G. 17

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.