

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001185

FILED VS FEB 6 1961

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 18

STATE FILE NUMBER

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AMENDED

1. PLACE OF DEATH a. COUNTY <u>Wheeler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>hrs</u>	c. CITY OR TOWN <u>Thomsonville</u>
FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Washington Ave at R.R. Co.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Wm L. Minneager</u>			4. DATE OF DEATH <u>1-27-61</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-78</u>	9. AGE (last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state of country) <u>Thomsonville, Mo USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>W. L. Minneager</u>	13b. MOTHER'S MAIDEN NAME <u>Nelda Blackburn</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT <u>Wm L. Minneager</u>	Address <u>West Plains</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		<u>instant</u>
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
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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.)
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.) <u>Washington Ave. at R.R. Crossing</u>	20f. CITY, TOWN, OR LOCATION <u>West Plains (Haverel)</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at: About 1:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Cook</u> (Degree or title)	22b. ADDRESS <u>West Plains Mo.</u>	22c. DATE SIGNED <u>1-27-61</u>
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23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE <u>1/30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeler</u>	23d. LOCATION (City, town, or county) <u>Thomsonville Mo</u>
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24. FUNERAL DIRECTOR <u>Robertson West Plains</u>	ADDRESS <u>Mo 2-1-61</u>	25. DATE RECD. BY LOCAL REG. <u>Mo 2-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 MEDICAL CERTIFICATION -  
 SHOULD READ  
 BY AFFIDAVIT OF

DATE AMENDED

FEB 7 1961

**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 *D. S. Roberts*

Licensed Embalmer No. 34376

P. O. Address *West Hill*

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.