

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-047703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 304 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 20 1965		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>5 Yrs.</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>403 E. Green St.</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First <u>Jesse</u> Middle <u>Allen</u> Last <u>Minor</u>		Month <u>Dec.</u> Day <u>11</u> Year <u>1965</u>		Male	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>12/27/1882</u>	
13a. FATHER'S NAME <u>George Allen Minor</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Gresham</u>		9. AGE (last birthday) <u>82</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489 50 2142</u>		IF UNDER 24 HR Months <u>11</u> Days <u>14</u> Hours <u></u> Min. <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT <u>Mrs. Jesse A. Minor, Clinton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
IMMEDIATE CAUSE (a) <u>Artemia - End stage Kidney</u>		14. NAME OF HUSBAND OR WIFE <u>Maude L. Minor</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Renal Lithiasis</u>		11. BIRTHPLACE (City and state or country) <u>Chariton, Co. Mo.</u>		<u>< 9 mos</u>	
DUE TO (c)		11. BIRTHPLACE (City and state or country) <u>Chariton, Co. Mo.</u>			
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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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>6-17-63</u> to <u>12-11-65</u> and last saw her/him alive on <u>12-11-65</u>		21. I attended the deceased from <u>6-17-63</u> to <u>12-11-65</u> and last saw her/him alive on <u>12-11-65</u>		21. I attended the deceased from <u>6-17-63</u> to <u>12-11-65</u> and last saw her/him alive on <u>12-11-65</u>	
22a. SIGNATURE (Degree or title) <u>W. W. Bradshaw, M.D.</u>		22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>12/13/65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 13, 1965</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Clinton, Missouri</u>		24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-13-65</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

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Permit Obtained 12-13-65
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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 H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.