MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0038613 STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 537

FILED NOV 3 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0168
2 0161
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED 2 — ITEM NO. — INSTEAD OF — SHOULD READ — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. **PLACE OF DEATH**
   a. COUNTY: Cape Girardeau
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 4 mo.
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Adams Rest Home — Inside Limits: Yes X No ☐

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo — b. COUNTY: Cape Gir.
   c. CITY OR TOWN: Jackson, Mo. — Inside Limits: Yes X No ☐
   d. STREET ADDRESS (If outside, give location): 214 N. Ohio — Reside on Farm: Yes ☐ No X

3. **NAME OF DECEASED** (Type or print): First Mary — Middle Francis — Last Minton

4. **DATE OF DEATH**: Month October — Day 12 — Year 1967

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 11/20/1880

9. AGE (last birthday): 86
   IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): near Jackson, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Samuel Stewart

13b. MOTHER'S MAIDEN NAME: Lucinda Bean

14. NAME OF HUSBAND OR WIFE: Alvin Minton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. **INFORMANT**: Grace Shaner — Address: Jackson, Mo.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
   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): Fracture of rt. femur.
   PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____ to 10-12-67 and last saw her alive on _____
   Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title): J. N. Jaeger, MD

22b. ADDRESS: Jackson, Mo

22c. DATE SIGNED: 10-12-67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 15, 1967

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill

23d. LOCATION (City, town, or county) (State): Cape Girardeau County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Cracraft - Miller Jackson, Mo.

25. DATE RECD. BY LOCAL REG.: 10-30-67

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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 Jim C Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.