

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037470

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 296

Primary Registration District No. 65017

Registrar's No. 26

300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camden Township		c. CITY OR TOWN Camden	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. W. Camden		Length of stay in lb life	
3. NAME OF DECEASED (Type or print) James Samuel Mansell		4. DATE OF DEATH Month Oct. Day 20 Year 1958	
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11 1883
9. AGE (In years less birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner	11. BIRTHPLACE (City and state or country) Orrick, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY retired	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Zackariah Mansell		13b. MOTHER'S MAIDEN NAME Rebecca Simms	14. NAME OF HUSBAND OR WIFE Alice Pulse Mansell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-05-9601	17. INFORMANT Address Mrs. Alice Mansell Camden, Mo.
18. CAUSE OF DEATH (Enter only one cause pointing for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12-8-57 to death and last saw ^{her} him alive on 10-13-58 Death occurred at 4:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Crozier, M.D. (Degree or title)		22b. ADDRESS Richmond Mo.	
		22c. DATE SIGNED 10-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	10/22/58	Craven Cemetery	Camden, Missouri
24. FUNERAL DIRECTOR Quest-Life Funeral Home Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 10/22/58	26. REGISTRAR'S SIGNATURE Helen J. Larkin

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

12
0

X
 X
 8261 00 . J00
 XXXXX
 488-02-9001
 on

8261 00

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 *Maurice D. Bailey*

Licensed Embalmer No. *4727*.....

P. O. Address *Richmond, Va*.....

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.

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.