

STANDARD CERTIFICATE OF DEATH

1927/A
STATE FILE NUMBER

FILED SEP 4 1956

Registration District No. 373

Primary Registration District No. 4544

Registrar's No. 31

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Webster		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Niangua		a. STATE Missouri		b. COUNTY Webster	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Niangua Hosp.		Length of stay in lb 5 months		c. CITY OR TOWN Marshfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lonzo		Middle Elmer		Last Manning		Month April Day 18 Year 1948	
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 August 27-'84	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Franklin Manning				14. MOTHER'S MAIDEN NAME Ruth Elizabeth Manning			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Daisy Manning-Marshfield, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency						3 Weeks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Myocarditis, chronic, (rheumatic ?)	
						Years.	
DUE TO (c) Myocardial decompensation, acute.						Week.	
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 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 About Apr. 1-48 to Apr. 18-48 and last saw ^{her} him alive on Apr. 18, 48. Death occurred at Niangua Hosp. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. F. Schlicht M.D.				22b. ADDRESS Crocker, Mo., R. F. D. 1		22c. DATE SIGNED 8-27-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 20, 1948		23c. NAME OF CEMETERY OR CREMATORY Mission Home Cem.		23d. LOCATION (City, town, or county) Webster County, Missouri (State)	
24. FUNERAL DIRECTOR Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 8/30/56		26. REGISTRAR'S SIGNATURE J. Francis		

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. Coroner cannot certify to a death due to natural causes.

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

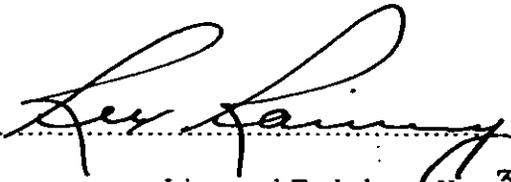
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(Licensed Embalmer's Statement on Reverse Side)

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 ,
Licensed Embalmer No. 3312

P. O. Address Springfield, 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.