

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 73

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe Rural 3</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fire Brick Plant 1/2 Mi. S.W. of Depot</u>				d. STREET ADDRESS (If rural, give location) <u>933 W. Blvd.</u>				
3. NAME OF DECEASED (Type or Print) <u>Raymond Elvin Mann</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Jan. 24, 1949</u>		(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1914</u>		
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drag Line operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>H. A. Skinner Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Harry B. Mann</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Patton Mann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-07-0003</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Daisy Patton Mann Mexico, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anginal. Electrocutal. Accident</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By coming in contact with electric wire</u> DUE TO (c) <u>Shock. Cut extreme left hand</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Exit left leg, 69143</u>						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Sp. R. Spur track</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Audrain Mo</u>				
21d. TIME OF INJURY <u>Jan. 24-1949 1:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While standing on log of crane unloading rock. Contacted live wire</u>				
22. I hereby certify that I attended the deceased from <u>August</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. C. Adams M.D. Coroner</u>				23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>1-25-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood CEMETERIES</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Audrain Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26 1949</u>		REGISTRAR'S SIGNATURE <u>Mallie Trigua</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cherokee Mexico, Mo.</u>				

RECEIVED

District Health Officer No. 10

District File Number 2-44-21

Date Filed FEB. 2 - 1949

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Clara B. Bunsell

Licensed Embalmer No. 3569

P. O. Address Muskegon

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 this body is not embalmed, fact should be so stated above.