

S. No. 300
V. 10.48

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4297
State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 8

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20

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton?</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>approx life</u>		d. STREET ADDRESS (If rural, give location) <u>North Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Grand</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Kunigunda</u>	c. (Last) <u>Mank</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 13 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Wangler</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Fidler</u>	14. NAME OF HUSBAND OR WIFE <u>John Mank</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Aloysius Mank</u>	ADDRESS <u>Salisbury, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		<u>20 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u> DUE TO (c) <u>hypertension</u>		<u>18 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>			<u>3 yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE . HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 17, 1947, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. ...</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>Feb 11, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/10/49</u>	REGISTRAR'S SIGNATURE <u>W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. ...</u>	ADDRESS <u>Salisbury Mo</u>
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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-18-49

FEB 24 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles Winkelmeyer

Signed.....

Student Embalmer

Licensed Embalmer No. 38420

P. O. Address Salisbury, 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 this body is not embalmed, fact should be so stated above.