

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13341**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **128**

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 17 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) 708 E. 16th
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Ida (Middle) B. c. (Last) MANNING			4. DATE OF DEATH (Month) (Day) (Year) April 15 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-12-1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Olean Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Hampton Morris		13b. MOTHER'S MAIDEN NAME Nelen Bruce		14. NAME OF HUSBAND OR WIFE John Smith Manning	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Claude Manning		ADDRESS 1020 So. Ky. Sedalia Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 234X Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 234X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 14 1949 to Apr 15 1949 , that I last saw the deceased alive on Apr 14 , 19 49 , and that death occurred at 8:15 m., from the causes and on the date stated above.					
23a. SIGNATURE B. A. Patton MD (Name or title)			23b. ADDRESS Sturtevant Mo		23c. DATE SIGNED 4/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 17-49	24c. NAME OF CEMETERY OR CREMATORY Gray cemetery	24d. LOCATION (City, town, or county) (State) Olean Mo		
DATE REC'D BY LOCAL REG. 4-16-49	REGISTRAR'S SIGNATURE Betty Yeager Deaton	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros	ADDRESS Sedalia Mo.		

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

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 4-18-49

MAY 3 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 _____

KPM Crary

Signed _____
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.