No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20318

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - So. FORK
c. LENGTH OF STAY (In this place) 8-YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SANTA FE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY MONROE 69
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SANTA FE 0
d. STREET ADDRESS (If rural, give location) — 0
0

3. NAME OF DECEASED (Type or Print)
a. (First) MARGRET b. (Middle) BEE c. (Last) MANNING

4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JUNE 30, 1881
9. AGE (In years last birthday) 67 — If under 1 year: Months 11 Days 14 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MONROE Co., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALLEN E. ~~PLANER~~ TANZY
13b. MOTHER'S MAIDEN NAME MARY ELIZABETH JOHNSON
14. NAME OF HUSBAND OR WIFE WINFIELD S. MANNING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME THOS. TANZY, ADDRESS PERRY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH 6 months

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
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June 6, 1949 *to* June 14, 1949, *that I last saw the deceased alive on* June 14, 1949, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo. M. Pollard (Degree or title) M.D.
23b. ADDRESS PARIS, Mo.
23c. DATE SIGNED 6-15-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6-16-49
24c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE
24d. LOCATION (City, town, or county) MONROE Co., (State) MO.

DATE REC'D BY LOCAL REG. 6-15-49
REGISTRAR'S SIGNATURE Elbert Baker M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey
ADDRESS PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 6-49-1
Date Filed JUN 23 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.

Student .....
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.