

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23797

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills		c. LENGTH OF STAY (in this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Emerg. Hosp.		d. STREET ADDRESS (If rural, give location) 8526 Grant Drive.			

3. NAME OF DECEASED (Type or Print) William Manning			4. DATE OF DEATH (Month) (Day) (Year) July 19 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1869		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Douglas County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andy Manning		13b. MOTHER'S MAIDEN NAME Lucie Spurlock		14. NAME OF HUSBAND OR WIFE Mrs. Olive Manning	
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Louie Manning, Hickman Mills, Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Ascending pyelonephritis</i> <i>Prostatism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i> <i>years</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) DUE TO (c)			6000

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none done</i>		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) m.	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 15 July, 1949, to 19 July, 1949, that I last saw the deceased alive on July 19th., 1949, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Frank E. Trehan, M.D.</i>		23b. ADDRESS <i>Independence</i>		23c. DATE SIGNED <i>22 July 49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri		
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DATE REC'D BY LOCAL REG. JULY 22, 1949	REGISTRAR'S SIGNATURE <i>Ronald C. Earnshaw</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Geo. C. Carson Funeral Home, Indep. Mo.</i>			
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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 John Parley _____

Licensed Embalmer No. 4308

P. O. Address Independence, 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.