

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34304

State File No.

FILED OCT 25 1949

Registrar's No. 97

56

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4287

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Manley</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 13, 1861</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bethel Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Eric Manley</u>		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Belle Manley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Clay La Belle, 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>UREMIC POISONING</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CARDIO-VASCULAR DYSFUNCTION</u> <u>RENAL DISEASE. PROSTATIC HYPERTROPHY</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GANGRENE LEFT INDEX FINGER</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>May</u> , 19 <u>47</u> , to <u>Oct</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>49</u> , and that death occurred at <u>7:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David M. Rouse M.D.</u>		23b. ADDRESS <u>La Belle, Mo.</u>	23c. DATE SIGNED <u>Oct 8, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-11-49</u>	REGISTRAR'S SIGNATURE <u>P. St. Janning</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>161 N. 80th St. La Belle, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 21 1948
District Health Officer No. 10
District File Number 10-42-180
Date Filed OCT 21 1948

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 Myer
..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 4328
P. O. Address Labell, 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.