

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4517 State File No. 36064

BIRTH NO. REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 6187 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Janey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Janey</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson Mo</u>	c. LENGTH OF STAY (In this place) <u>8-29-49</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Protem Mo</u>	d. STREET ADDRESS (If rural, give location) <u>Branson Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coronal Home - N. Home</u>			

3. NAME OF DECEASED a. (First) <u>Will</u> (Type or Print)	b. (Middle) <u>SHIRE</u>	c. (Last) <u>MANGUSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 12 - 49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>5-23-1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Protem Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Manguss</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Coff</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carroll Rude Protem Mo</u>	ADDRESS <u>Protem 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER THROAT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 WEEKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CANCER LUNGS</u>		
	DUE TO (c) <u>11</u> <u>INTESTINES</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>153X</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)	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 Sept 29, 1949 to Oct 12, 1949, that I last saw the deceased alive on 10/12, 1949, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Roberts</u>	(Degree or title)	23b. ADDRESS <u>Branson Mo</u>	23c. DATE SIGNED <u>10/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Protem</u>	24d. LOCATION (City, town, or county) (State) <u>Protem Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-19-49</u>	REGISTRAR'S SIGNATURE <u>J E Cogswell</u>	376	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Huet</u>	ADDRESS <u>Branson Mo</u>
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MADE BY PERMANENT RECORD

RECEIVED OCT 24 1949  
District Health Office No. 6,  
District File Number 1049-1154  
Date Filed 10-24-49

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 Mrs. J. Ragan

Licensed Embalmer No. 696

P. O. Address 1111 11th St. N.W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.