

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5674**

FILED MAR 3 1950

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **63**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia,	
c. LENGTH OF STAY (In this place) 22 yrs		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 East Third St.		d. STREET ADDRESS (If rural, give location) 1008 East Third St.	

3. NAME OF DECEASED (Type or Print)	a. (First) IVA	b. (Middle) M.	c. (Last) MANNING	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1881	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 68 9 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (State or foreign country) Fayetteville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Finis Hardy	13b. MOTHER'S MAIDEN NAME Hester Cox	14. NAME OF HUSBAND OR WIFE George Manning
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Mattox, son, 1010 E. Third Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 443X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis <i>enlarged heart with aortic stenosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --- DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Jan - 1950**, to **Feb-15, 1950**, that I last saw the deceased alive on **Feb 14, 1950**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. S. Swaver, M.D.	23b. ADDRESS Sedalia Mo.	23c. DATE SIGNED Feb 17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/17/50	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE RECD BY LOCAL REG. 2/17/50	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Marion Owen Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

504

RECEIVED FEB 20
District Health Officer No. 8,

District File Number.....

Date Filed 3-1-50.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.