S. No. 300
v. 10.48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

R16407

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller Township
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Miller 0380
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Maschil b. (Middle) c. (Last) Manring

4. DATE OF DEATH (Month) (Day) (Year) 5/22/50

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 18, 1861
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 7 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Gallia Furnace, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Maschil Manring
13b. MOTHER'S MAIDEN NAME Ann Love
14. NAME OF HUSBAND OR WIFE

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 Mr. Cheever Manring, **ADDRESS** McFall, 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4500

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — 6 years.

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* 4-22- 1950 *to* 5-22- 1950, *that I last saw the deceased alive on* 5-20- 1950, *and that death occurred at* 5:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Frank H. Rose (Degree or title) M. D.
23b. ADDRESS Albany, Mo.
23c. DATE SIGNED 5-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 24, 1950
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) McFall (State) Mo.

DATE REC'D BY LOCAL REG. May 24-1950
REGISTRAR'S SIGNATURE Edith Childs 430
25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brown **ADDRESS** Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1950

RECEIVED
MAR 29 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.