

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22983

State File No. ....

BIRTH NO. 42672-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Delta</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delta</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DENNIS SCIVALLY PARK</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>MANSKER</u> c. (Last) <u>MANSKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1950</u>		
---	--	--	--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>July 27, 1950</u>	9. AGE (In years last birthday) <u>less than 1 yr.</u> Months <u>unk.</u> Days <u>unk.</u>
-----------------	---------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>None</u>	13b. MOTHER'S MAIDEN NAME <u>NADINE MANSKER</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>COYNER E.R. TRICKEY Cape Girardeau 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Death Uncertain</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>F943X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Dennis Scivally Park</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Girardeau Mo</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 27 5:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>At Birth</u>
--	--	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.R. Trickey</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Coyner 4 S. Pacific St Cape Girardeau Mo</u>	23c. DATE SIGNED <u>1950</u>
---	--	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-6-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Ford Young Funeral Home, Cape Girardeau, Missouri</u>
--	--	----	---

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

164  
3

RECEIVED AUG 14 1950

District Health Office No. 6,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

---

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 \_\_\_\_\_

*NOT EMBALMED*

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.