

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 24 1950 STANDARD CERTIFICATE OF DEATH

23423

State File No. ....

BIRTH NO. 27262 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Harvey</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nevada</u>		
b. CITY OR TOWN <u>West Plains</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. ZIP CODE OF PLACE <u>64614</u>	c. CITY OR TOWN <u>Tomona</u>		<u>04614</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			d. STREET ADDRESS <u>R. F. D.</u> <small>(If rural, give location)</small>		

3. NAME OF DECEASED (Type or Print) a. (Last) <u>Richardson</u> b. (Middle) <u>J.</u> c. (First) <u>Manley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-50</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>5-10-50</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 28 HRS. Days <u>11</u> Min. <u>34</u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>
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13a. FATHER'S NAME <u>W. J. Manley</u>		13b. MOTHER'S MAIDEN NAME <u>Becky J. Manley</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)	16. SOCIAL SECURITY NO. <u>10</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>[Signature]</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> <u>No Prenatal Care or Medical Care @ Delivery</u>  11. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small> <u>7.76X</u>				INTERVAL BETWEEN ONSET AND DEATH
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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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 19, 1950, that I last saw the deceased alive on 5-11-50 and that death occurred at 11:00 PM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Harvey, Mo</u>		23c. DATE SIGNED <u>14/6/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mackey</u>	24d. LOCATION (City, town, or county) (State) <u>Tomona, MO</u>		
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DATE REC'D BY LOCAL REG. <u>7-6-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>West Plains mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 19 1950  
Dist. File 750-828  
Date Filed 7-18-50

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**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.