

FILED AUG 5 1950  
43293-50

STANDARD CERTIFICATE OF DEATH

State File No. 24469

BIRTH MO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elvins, Mo Rt. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) St. Francois Co.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) DAVID	c. (Last) MANION	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 22, 1950	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 1 WEEK Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. Francois Co, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ole Ray Manion	13b. MOTHER'S MAIDEN NAME Helen Sibole	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ole Ray Manion	ADDRESS Elvins, Mo Rt. #1
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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) atelectasis		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) Premature		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			176.25

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) (Minute)	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 7:22, 1950, to July 26, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 2:4 m., from the causes and on the date stated above.

23a. SIGNATURE R. H. Appshery MD	U (Degree or title)	23b. ADDRESS Flat River, Mo	23c. DATE SIGNED 7-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo
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DATE REC'D BY LOCAL REG. July 26, 1950	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE SPARKS	ADDRESS Flat River, Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

941

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Murphy L. Spitzer*

Licensed Embalmer No. *4236*

P. O. Address *Art River, N.Y.*

**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.