

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30087

BIRTH NO. _____		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>4201</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>		0390 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North west part of City</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gracie</u>		b. (Middle) <u>Manley</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-26-1861</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Alzira Clifton</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Manley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bob Nelson</u>		ADDRESS <u>Republic</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one year</u> <u>4200</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Republic Greene MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Sept 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 14</u> , 19 <u>50</u> , and that death occurred at <u>4:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Esch, M.D.</u> (Degree or title)				23b. ADDRESS <u>Republic, MO</u>		23c. DATE SIGNED <u>9-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>GREEN COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15-1950</u>		REGISTRAR'S SIGNATURE <u>Glenn Brittain</u>		25. FUNDAL DIRECTOR'S SIGNATURE <u>Max L. Fossett's</u>		ADDRESS <u>Republic</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office,

County File Number 50-9-43

Date Filed 9-19-50

SEP 19 1950

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 Gene P. Hunter
Licensed Embalmer No. 4139

P. O. Address Republic, 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.