

STANDARD CERTIFICATE OF DEATH

State File No. 31075

FILED OCT 11 1950

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 341

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>907 Reservoir</u>	
3. NAME OF DECEASED a. (First) <u>Frederick</u>		b. (Middle) <u>Charles</u>	
c. (Last) <u>Manning</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 1 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 7, 1889</u>
9. AGE (In years last birthday) <u>61</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Signal Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & C.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas William Manning</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Hohmann</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Jane Manning</u>	
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. <u>707-07-7954</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frederick Manning 907 Reservoir</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Hypertrophy prostate</u> underlying cause last. RELATABLE DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>67701</u>	
19a. DATE OF OPERATION <u>9-19-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy Prostate</u>	
19c. AUTOPSY? b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>50</u> to _____, 19____, that I last saw the deceased alive on <u>10-1</u> , 19 <u>50</u> , and that death occurred at <u>7:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. H. J. ...</u>		23b. ADDRESS <u>Hannibal, Mo.</u>	
23c. DATE SIGNED <u>10-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>October 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>...</u>	
DATE REC'D BY LOCAL REG. <u>10-3-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. Fisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 3 1950
ARIZONA CO. HEALTH DEPT.
DATE FILED OCT 15 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hamlet, 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.