

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34248**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **244** PRIMARY REG. DIST. NO. **3834** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DIAMOND</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DIAMOND</b> <b>0730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME-NEAR DIAMOND</b>		d. STREET ADDRESS (If rural, give location) <b>GEN Del</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CRISSIE</b> b. (Middle) <b>Ethel</b> c. (Last) <b>MANZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 3 1950</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 15-18-97</b>
9. AGE (In years last birthday) <b>52</b>		10. MONTHS <b>9</b>	11. DAYS <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>	11. BIRTHPLACE (State or foreign country) <b>Neosho</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>W. F. MANZ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>W. F. Manzy</b>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>24#3X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>2 Oct</b> , 19 <b>50</b> , to <b>3 Oct</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3 Oct</b> , 19 <b>50</b> , and that death occurred at <b>8:10 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>R. J. Taylor M.D.</b> (Degree or title)		23b. ADDRESS <b>Neosho Mo</b>	
23c. DATE SIGNED <b>7 Oct 50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>Oct 6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>D.O.O.F. Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Neosho MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK. BIGHAM.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 9-50</b>		REGISTRAR'S SIGNATURE <b>222 Mrs. Albe Parnello</b>	

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

730

**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 1050-225  
Date Filed 10/19/50

**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 H. By - White

Licensed Embalmer No. 4240

P. O. Address New Hope, 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.