

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34409

State File No.

FILED OCT 23 1950

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>114</u>		
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Big Piney</u>			c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Big Piney</u>			<u>0850</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Micheal</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>Manes</u>		
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>10,</u>		(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>April 13, 1947</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Edward Manes</u>			13b. MOTHER'S MAIDEN NAME <u>Sara Fern Adkins</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sara Manes, Big Piney, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gun shot into right chest cavity</u> ANTECEDENT CAUSES <u>piercing upper lobe of right lung, passing through 5 th intercostal space, completely through body, by 22 caliber bullet</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>9190</u> <u>19</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Big Piney Pulaski Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 10, 1950 1 P</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidental discharge of gun by companion</u>						
22. I hereby certify that I attended the deceased from <u>Oct. 10, 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:05 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Willy W. Sledge, Coroner</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>10/10/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10/16/50</u>		REGISTRAR'S SIGNATURE <u>Helma C. Buckthorn</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Willy W. Sledge</u>		ADDRESS <u>Waynesville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

850

RECEIVED 10/16/50
Pulaski County Health Officer
File Number
Date Filed 10/16/50

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.

Signed.....

Walter P. Steger

Signed.....
Student Embalmer

Licensed Embalmer No.

4265

P. O. Address.....

Meris, 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.