

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40437

0390
1

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

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5457</u>		Registrar's No. <u>15</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> d. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Cass</u>		c. LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass</u>		0390		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove #43</u>				d. STREET ADDRESS (If rural, give location) <u>Walnut Grove #43</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>HOUSTON</u> c. (Last) <u>MANES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 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>April 12, 1901</u>		
9. AGE (In years last birthday) <u>49</u>		f UNDER 1 YEAR Months <u>8</u> Days <u>1</u>		g UNDER 1 HRS. Hours <u>1</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. J. Manes</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Jenkins</u>			14. NAME OF HUSBAND OR WIFE <u>Dorothy Manes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>559-30-0802</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Manes</u> ADDRESS <u>Walnut Grove #43</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1201</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) _____		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) _____		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 _____, 19____, to <u>12-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/12</u> , 19 <u>50</u> , and that death occurred at <u>7:59 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. H. Barber, M.D.</u>				23b. ADDRESS <u>Walnut Grove, Mo.</u>		23c. DATE SIGNED <u>12/16/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/20/50</u>		REGISTRAR'S SIGNATURE <u>Drew H. Wilson</u> 104		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Funeral Home</u> ADDRESS <u>Walnut Grove Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office

County File Number 50-12-

Date Filed 12-23-50

FEB 26 1951

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.

Signed

Warren D. Noble

Signed.....

Student Embalmer

Licensed Embalmer No.

4005

P. O. Address

1004 No

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.