

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

4485

State File No.

S. No. 300
V. 10.48

FILED MAR 12 1951

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>210</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		
c. LENGTH OF STAY (In this place) <u>39 years</u>		0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 State Street</u>		d. STREET ADDRESS (If rural, give location) <u>810 State Street</u>		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) <u>MYRTLE</u>	b. (Middle) <u>ALMIRA</u>	c. (Last) <u>MANGAN</u>	(Month) <u>March</u>	(Day) <u>9</u> (Year) <u>1951</u>
(Type or Print)				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>27 June 1895</u>	9. AGE (In years last birthday) <u>55</u>
				IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
				IF UNDER 1 MRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.O.</u>	
13a. FATHER'S NAME <u>Frank D. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Brigham</u>	14. NAME OF HUSBAND OR WIFE <u>Francis A. Mangan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.A. Mangan, Springfield, Missouri.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 yrs</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
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) _____	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 <u>8-5-</u> <u>1950</u> , to <u>3-9-</u> <u>1951</u> , that I last saw the deceased alive on <u>2-28-</u> <u>1951</u> , and that death occurred at <u>5:00A</u> <u>m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. M. Klein</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>3-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>3-10-51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Threene, Springfield, Mo.</u> ADDRESS _____		

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

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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 Ralph H. Thieme.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri

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.