

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23919

State File No.

FILED AUG 11 1951

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Cesage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cesage</u>	
b. CITY OR TOWN <u>Linn - Mo</u>		c. CITY OR TOWN <u>Linn Crescent Tap</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Mo - R. D 0760</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Mo - R.F.A.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Christine</u> c. (Last) <u>Mantle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-21-1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 15-1864</u>	9. AGE (In years last birthday) <u>87</u>	10. IF UNDER 12: Days <u>3</u> Hours <u>6</u> Min.
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	11. BIRTHPLACE (State or foreign country) <u>Linn - Mo - U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Leonard Kemple</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Scioner</u>	14. NAME OF HUSBAND OR WIFE <u>John M. Mantle</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Mantle Linn - 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension -</u>		
	DUE TO (c) <u>Arterio-sclerosis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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 19 July 1951, to 21 July 1951, that I last saw the deceased alive on 20 July 1951, and that death occurred at 5:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James G. Miller M.D.</u>		23b. ADDRESS <u>227 Jefferson City</u>	23c. DATE SIGNED <u>21 July 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATOR <u>Latter Day Saints</u>	24d. LOCATION (City, town, or county) (State) <u>Linn - Mo R. D.</u>
DATE REC'D BY LOCAL REG. <u>July 28-1951</u>	REGISTRAR'S SIGNATURE <u>Za... 235</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clude Norton - Linn Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

60
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 31 1951

RECEIVED

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.