

FILED AUG 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27417**
Registrar's No. **162**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper 0493		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage 0493	
c. LENGTH OF STAY (in this place) 2 hours		d. STREET ADDRESS (If rural, give location) 307 N. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) Reuben Mansfield			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 2-5-1877		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	
10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Reuben Mansfield		13b. MOTHER'S MAIDEN NAME Jane Ewing		14. NAME OF HUSBAND OR WIFE Unkown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME W. E. Rice	
				ADDRESS Avilla, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 hours
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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) 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 **2 hours, before death**, 1951, that I last saw the deceased alive on **Aug. 8, 1951**, and that death occurred at **10:15m.**, from the causes and on the date stated above.

23a. SIGNATURE Karl H. Bohmer M.D.		23b. ADDRESS 121 West Fourth St.		23c. DATE SIGNED 8/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-51		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage Missouri		24e. NAME OF CEMETERY OR CREMATORY Park Cemetery		24f. LOCATION (City, town, or county) (State) Carthage Missouri	
DATE REC'D BY LOCAL REG. 8-10-51		REGISTRAR'S SIGNATURE L. S. Clutter, MD		25. FUNERAL DIRECTOR'S SIGNATURE Illmer Funeral Home	
				ADDRESS Carthage	

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

RECEIVED

8/14/51

Jasper County Health Office

County File Number 51-8-649

Date Filed 8/15/51

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 Ray J. Ross

Licensed Embalmer No. 4774

P. O. Address Coartage, 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.