

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27929**

FILED SEP 6 1951

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 207	
1. PLACE OF DEATH a. COUNTY Randolph 0883				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place) 3 years		c. CITY OR TOWN Moberly 0883		d. STREET ADDRESS (If rural, give location) 622 Monroe 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 622 Monroe				d. STREET ADDRESS (If rural, give location) 622 Monroe 0			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) DAVID c. (Last) MANNING			4. DATE OF DEATH (Month) (Day) (Year) Aug-29-1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April-22-1875	
9. AGE (In years) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Plant		11. BIRTHPLACE (State or foreign country) Cairo Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Manning		13b. MOTHER'S MAIDEN NAME Catherine Boney		14. NAME OF HUSBAND OR WIFE Fannie Manning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 386-09-57445		17. INFORMANT'S SIGNATURE OR NAME Mr. James Manning Moberly Mo. ADDRESS _____			
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) Myocarditis with edema					INTERVAL BETWEEN ONSET AND DEATH June/51
		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. High Blood Pressure					several mos
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X			
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 July 21, 1951 , to Aug. 29, 1951 , that I last saw the deceased alive on Aug. 29, 1951 , and that death occurred at 6:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. E. H. Huber M.D. (Designator title)				23b. ADDRESS 400 1/2 West Reed, Moberly, Mo		23c. DATE SIGNED Aug. 31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-31-51		24c. NAME OF CEMETERY OR CREMATORY Grand Prairie		24d. LOCATION (City, town, or county) (State) Cairo Missouri	
DATE REC'D BY LOCAL REG. Aug 31. 51		REGISTRAR'S SIGNATURE Paul Brilleaux		FUNERAL DIRECTOR'S SIGNATURE Howe Moberly Mo.		ADDRESS _____	

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

MAY 2 1951

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1537
Date Filed: SEP 5 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.

Student
Student Embalmer

Signed *R. M. Cater*

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.