

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30726**

No. 300
10. 48

FILED OCT 8 1951

Capoetti
5552

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

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 4275		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. LENGTH OF STAY (in this place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Ave.				d. STREET ADDRESS (If rural, give location) Missouri Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) Lee		c. (Last) McManis		4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1951	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 16, 1881	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 4 Days 9		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jerico Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joshua McLeod			13b. MOTHER'S MAIDEN NAME Jane Roseman			14. NAME OF HUSBAND OR WIFE Charles McManis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Butler, Marionville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Repeated cerebral Hemorrhage. ANTECEDENT CAUSES Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years years	
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) 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 1949 to Sept 25, 1951 , that I last saw the deceased alive on Sept 23, 1951 , and that death occurred at 7:15 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE A. D. Capoetti (Degree or title) M. D.				23b. ADDRESS Lawrence, Mo.		23c. DATE SIGNED 9-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 27-51		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Missouri.	
DATE REC'D BY LOCAL REG. Sept 25 1951		REGISTRAR'S SIGNATURE Dr. Mc Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE R. R. Curridge		ADDRESS Marionville, Mo.	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File 1027-1242
Date Filed 10-9-51

OCT 9 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Herman Burridge

Signed.....
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville 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.