

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42615

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Rayville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Rayville</u>	
c. LENGTH OF STAY (In this place) <u>80 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles NE Rayville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles NE Rayville</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles NE Rayville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Mandey</u> c. (Last) <u>Mandey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1951</u>		
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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>September 12, 1873</u>		9. AGE (In years last birthday) <u>78</u> Months <u>3</u> Days <u>5</u>		10. UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Homeshopping</u>				11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Robert Zimmerman</u>				13b. MOTHER'S MARDEN NAME <u>Elizabeth Conahan</u>				14. NAME OF HUSBAND OR WIFE <u>Robert Mandey</u>			
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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>Wm. R. Cole, Rayville, Mo.</u>				ADDRESS <u>Rayville, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchopneumonia, right</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, right</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>Cellulitis right lower leg</u>								<u>several weeks</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 12-16, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Masterson, MD</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>12/20/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Cemetery Ray County Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. Cole</u>		ADDRESS <u>Richmond, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*See on back*

**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

*George P. Lyle*  
Licensed Embalmer No. *4069*  
P. O. Address *Richmond, Va.*

**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.