

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1032

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4209 Registrar's No. 3

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Harrison</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Moriah,</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Moriah</u>   |  |
| c. LENGTH OF STAY (In this place) <u>38 Yrs.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>0410</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location)  |  |

|                                     |                          |                            |                          |  |
|-------------------------------------|--------------------------|----------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Thomas</u> | b. (Middle) <u>William</u> | c. (Last) <u>Manaugh</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 22 1952</u> |
|-------------------------------------|--------------------------|----------------------------|--------------------------|--|

|                    |                               |   |  |   |                        |                        |      |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>October 22, 1869</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General farm.</u> | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|--|---|--|

|   |  |                             |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>Thomas Newton Manaugh</u> | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Johnson</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

|   |                                     |  |                                |
|---|-------------------------------------|--|--------------------------------|
| 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. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Shackelford</u> | ADDRESS <u>Mt. Moriah, Mo.</u> |
|---|-------------------------------------|--|--------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>14 weeks</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) (Min.) | 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 Sept 15, 1951, to Jan 21, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

|   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>E. Sellers</u> (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>Mt. Moriah, Mo.</u> | 23c. DATE SIGNED <u>1/24/52</u> |
|---|-------------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/25/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wild Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>RFD Mill Grove, Mo.</u> |
|---|--------------------------|---|--|

|   |  |  |                                |
|---|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>Feb. 1-1952</u> | REGISTRAR'S SIGNATURE <u>S. Pha Slaw</u> | 25. FINANCIAL DIRECTOR'S SIGNATURE <u>E. Sellers</u> | ADDRESS <u>Cainsville, Mo.</u> |
|---|--|--|--------------------------------|

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

0410

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**STATEMENT BY LICENSED EMBALMER**

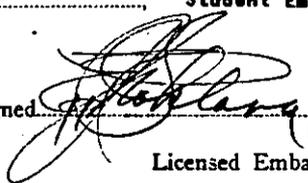
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of by.....

Eddie J. Stoklasa.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed .....

Licensed Embalmer No. 3602.....

P. O. Address Gainsville, 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.**