

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1622

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 41

04850

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>32 years</u>		d. STREET ADDRESS (If rural, give location) <u>1305 W. Lexington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence San. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>	b. (Middle) <u>MANN</u>	c. (Last) <u>SELF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 25-1855</u>	9. AGE (In years last birth day) <u>96</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTER</u>	11. BIRTHPLACE (State or foreign country) <u>Norwich England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Robert Mann Self</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Baldry</u>	14. NAME OF HUSBAND OR WIFE <u>Rachael E Self</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B.C. SARRATT</u>	ADDRESS <u>Indep Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. = DUE TO (b) <u>Diabetes mellitus, long standing, and treated eye with slight wound.</u>		
	DUE TO (c) <u>97 yrs of age</u>		
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 <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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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? <u>4201</u>
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22. I hereby certify that I attended the deceased from Jan 12, 1952 to Jan 27, 1952, that I last saw the deceased alive on Jan 18, and that death occurred at 5:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>John H. Green MD</u>	23b. ADDRESS <u>First Nat Bank Independence Mo</u>	23c. DATE SIGNED <u>1/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO</u>
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DATE REC'D BY LOCAL REG. <u>1-29-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry W. Stahl</u>	ADDRESS <u>Indep. Mo.</u>
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FEB 4 REC'D

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

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.