

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5-572 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) Greenwood	
c. LENGTH OF STAY (In this place) 1 Week		d. STREET ADDRESS (If rural, give location) General Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Carl c. (Last) McManama		4. DATE OF DEATH (Month) (Day) (Year) 1 26 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1874
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days	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 Home	11. BIRTHPLACE (State or foreign country) Monroe County Missouri
			12. CITIZEN OF WHAT COUNTRY? Yes

13a. FATHER'S NAME G. W. Sweeney	13b. MOTHER'S MAIDEN NAME Mollie Settles	14. NAME OF HUSBAND OR WIFE Edward McManama
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward McManama	ADDRESS Greenwood, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis cerebral artery		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **1-19, 1952**, to **1-26, 1952** that I last saw the deceased alive on **1-26, 1952**, and that death occurred at **9:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Summers	(Degree or title) MD.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 28 Jan 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 29, 52	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 1-28-52	REGISTRAR'S SIGNATURE Donald C. Ewart	FUNERAL DIRECTOR'S SIGNATURE W. C. Summers	ADDRESS Lee's Summit
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480/0

STATEMENT BY LICENSED EMBALMER

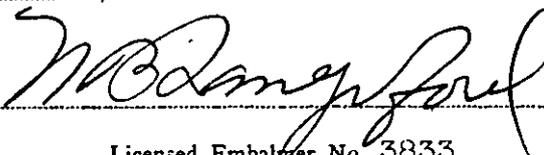
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Missouri

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.