No. 300
10-48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5641

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4288 Registrar's No. 3

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

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Mills Mo
c. LENGTH OF STAY (in this place): 2 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Mills Mo. 0570
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): HERMAN
c. (Last): MANKEL

4. DATE OF DEATH (Month) (Day) (Year): Feb 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Mar 21, 1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 10, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Mankel
13b. MOTHER'S MAIDEN NAME: Lena Miller
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-03-0441
17. INFORMANT'S SIGNATURE OR NAME: Lena Mankel — ADDRESS: Moscow Mills Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio - Renal - vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4-yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/12, 1951, *to* Feb 4, 1952, *that I last saw the deceased alive on* 2/4, 1952, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Creech MD
23b. ADDRESS: Troy Mo
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Anderson Hill Cem
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: Feb 12-52
REGISTRAR'S SIGNATURE: Emma B. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy — ADDRESS: Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Wayne McCoy

Signed .....
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.