

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16041

State File No.

FILED MAY 23 1952

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5420 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u> <u>0360</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCE</u> b. (Middle) c. (Last) <u>Maness</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>13</u> <u>52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>5</u>	
8. DATE OF BIRTH <u>10-26-1877</u>		9. AGE (In years last birthday) <u>74</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Fletcher Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rit Maness</u>		13b. MOTHER'S MAIDEN NAME <u>Mercina Stoddard</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lizzie Maness</u>		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>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jos. J. Maness</u>		ADDRESS <u>Depto. Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>		DUPLICATE		<u>minutes</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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis.</u>		<u>8 years</u>	
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) <u>4201</u>	
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 7:21-1946 5-13, 1952, that I last saw the deceased alive on April 1952, and that death occurred at 6:41 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Mitchell, M.D.</u>		(Degree or title)		23b. ADDRESS <u>St. Clair, Mo.</u>	
23c. DATE SIGNED <u>5-13-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Prospect</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Son</u>	
DATE REC'D BY LOCAL REG. <u>5-13-1952</u>		REGISTRAR'S SIGNATURE <u>E. J. Worthington</u>		ADDRESS <u>St. Clair, Mo</u>	

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

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. 439

working under my personal supervision.

Student John T. Owen
Student Embalmer

Signed

R. M. Lemf

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.