

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23816**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 262

0143
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1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 1105	
c. LENGTH OF STAY (In this place) 50 Days		d. STREET ADDRESS (If rural, give location) 1013 Jefferson St., /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shoaf Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Newlon	c. (Last) Mansell	4. DATE OF DEATH (Month) (Day) (Year) July 12 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept; 10-1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	11. BIRTHPLACE (City and State or Foreign Country) Holden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Perry Mansell	13b. MOTHER'S MAIDEN NAME Louella America	14. NAME OF HUSBAND OR WIFE D.K.
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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) D.K.	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS John E. Humph Jr Columbia, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured femur		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis 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 118	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 July 7, 1952 to July 12, 1952, that I last saw the deceased alive on July 11, 1952, and that death occurred at 1:57 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Drlzews M.D.	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 7/12/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14-1952	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Falena, Missouri
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DATE REC'D BY LOCAL REG. July 12-1952	REGISTRAR'S SIGNATURE Maritta Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wallace Funeral Home, Fulton, Mo
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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. _____

working under my personal supervision.

Student
Student Embalmer

Signed William E. Trebbe

Licensed Embalmer No. 4870

P. O. Address Millington, 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.