

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24859

State File No. \_\_\_\_\_

**FILED** JUL 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 116

492

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (in this place) <u>30yrs</u>		d. STREET ADDRESS (If rural, give location) <u>519 North Roane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 North Roane</u>			

3. NAME OF DECEASED (Type or Print) <u>CLOE</u>	a. (First)	b. (Middle)	c. (Last) <u>MANN</u>	4. DATE OF DEATH <u>July 19, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 10 HRS. Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Broce</u>	13b. MOTHER'S MAIDEN NAME <u>Emiline Dill</u>	14. NAME OF HUSBAND OR WIFE <u>Earl Mann</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-01-4608</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Mann</u>	ADDRESS <u>Webb City, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General metastasis from a malignant neuroblastoma of the pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 4 mos.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION <u>5-9-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Neuroblastoma (malignant) of pancreas.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 About 4 mos., to 7-19, 19 52, that I last saw the deceased alive on 7-9, 19 52, and that death occurred at 7:10P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl Mann</u> (Degree or title)	23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>	23c. DATE SIGNED <u>7-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oronogo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-22-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis Funeral Home</u>	ADDRESS <u>Webb City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-28-52

Jasper County Health Office

County File Number 5217/598

Date Filed 7-28-52

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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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.