

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

SEP 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 38

0720  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID. TOWNSHIP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID. TOWNSHIP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO NE.</u>		d. STREET ADDRESS (If rural, give location) <u>6 MILE. N.E. OF NEW MADRID.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKIE</u> b. (Middle) <u>Ralph</u> c. (Last) <u>MANESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-15-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child.</u>	8. DATE OF BIRTH <u>AUG-12-1952</u>	9. AGE (In years last birthday) <u>3</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>LAMAR AR. KY.</u>	

13a. FATHER'S NAME <u>LUTHER MANESS</u>		13b. MOTHER'S MAIDEN NAME <u>JUNITA BROWN.</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LUTHER MANESS, NEW MADRID.</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>No. Medical attendant</u>		DUPLICATE OF (b) <u>Cause of death</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Unknown, found dead in bed.</u>			
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 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>7953</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo Redempti</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>New Madrid Mo.</u>		23c. DATE SIGNED <u>Sept 15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds</u>	
		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID. MO.</u>			

DATE REC'D BY LOCAL REG. <u>9/21/52</u>		REGISTRAR'S SIGNATURE <u>Helou Louie Jones</u> 216		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ... Co. New Madrid Mo</u>	
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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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

*Max Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.