

FILED OCT 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5967 Registrar's No. 81

830

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Leavenworth</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leavenworth 8150<sup>0</sup></u>	
c. LENGTH OF STAY (In this place) <u>7 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>913 Walnut 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1 Weston</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>W</u>	c. (Last) <u>Mann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 23 52</u>
--	----------------------	-----------------------	--

5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-18-1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
----------------------	-------------------------------	---	-----------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Charles A, Mann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.R, Unmessig</u> ADDRESS <u>Weston, Mo</u>
--	-------------------------------	--

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, asthma, 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) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</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 <u>4201</u>	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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 May 23, 1952, to 10-22, 1952, that I last saw the deceased alive on 10-22-52, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Weston, Mo</u>	23c. DATE SIGNED <u>10-25-52</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Muncie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth Co, Kansas</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct 24-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>257</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sexton Funeral Chapel</u> ADDRESS <u>Leavenworth, Kansas</u>
---	---	--

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 Hudson L. Lipton

Licensed Embalmer No. 3003

P. O. Address Leavenworth, Kansas

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.