

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37421

State File No.

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE New Mexico		b. COUNTY Bernardillo	
b. CITY (If outside corporate limits, write RURAL and give town) Nevada		c. LENGTH OF STAY (In this place) 2 Months		c. CITY (If outside corporate limits, write RURAL and give township) Albuquerque	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 E Austin		d. STREET ADDRESS (If rural, give location) 330 N. Price St.			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) James		c. (Last) McMann		4. DATE OF DEATH (Month) (Day) (Year) 10 23 52	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 22 July 1889	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New York		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Samuel McMann		13b. MOTHER'S MAIDEN NAME Nancy Campbell		14. NAME OF HUSBAND OR WIFE Carolyn McMann	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 558-20-6900		17. INFORMANT'S SIGNATURE OR NAME Carolyn McMann Nevada, Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		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 4201				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)	
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 Aug 19, 1952, to Oct 4, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 1 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C E Kretz		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 10/27/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 28-52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Ft. Scott Kansas	
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DATE REC'D BY LOCAL REG. 11-3-52		REGISTRAR'S SIGNATURE Anna E. Ferry		25. EMERALD DIRECTOR'S SIGNATURE Eichinger		ADDRESS Nevada Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

2861 67 107

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 L. Shater
Licensed Embalmer No. 4532

P. O. Address Nevada, 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.