

DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42685  
Registrar's No. 1256

510  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 1256

1. PLACE OF DEATH a. COUNTY <b>JOHNSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HOLDEN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>HOLDEN</b>	
c. LENGTH OF STAY (in this place) <b>73 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2ND AND MAIN STS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>		b. (Middle) <b>MANNING</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 17 1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 22 1879</b>
9. AGE (In years last birthday) Months Days <b>73 10 25</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED STONE MASON</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTING</b>		11. BIRTHPLACE (State or foreign country) <b>HOLDEN MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>TOM W MANNING</b>	
13b. MOTHER'S MAIDEN NAME <b>VIRGINIA TODD</b>		14. NAME OF HUSBAND OR WIFE <b>KATE MANNING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>449-16-6491</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Kate Manning Holden</b>		ADDRESS <b>Holden Mo</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>		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) <b>Primary Rt Testis</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 <b>178x</b>	
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 <b>Dec 5, 1952</b> , to <b>Dec 12, 1952</b> , that I last saw the deceased alive on <b>Dec 12, 1952</b> , and that death occurred at <b>7 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Belle Paulina M.D.</b>		23b. ADDRESS <b>Holden Mo</b>	
23c. DATE SIGNED <b>12-19-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-19-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holden Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-19-1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. James Redford</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Canada &amp; Ross</b>		ADDRESS <b>Holden Mo</b>	

(Licensed) Embalmer's Statement on Reverse Side

RECEIVED  
DEC 27 1952  
JOHNSON COUNTY HEALTH DEPT.

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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Golden, 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.