

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42993

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

**FILED DEC 31 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (When deceased lived in institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Haysville, Mo.</u>		c. CITY OR TOWN <u>Charleston, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Memorial Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pete</u>		b. (Middle)	
c. (Last) <u>Manis</u>		4. DATE OF DEATH (Month) - (Day) (Year) <u>Dec. 21, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1878</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>12</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day labor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ala.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Wm. Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pemiscot Co. Welfare Office</u> ADDRESS <u>_____</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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infected burns of both lower extremities 7 days</u>		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. <u>Tuberculosis, active</u> <u>Josaine</u>		<u>89160A</u> <u>16</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>078</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Burn</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charlottesville, Pemiscot Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) - (Hour) <u>Dec 14 1952? m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burned on heating stove</u>	
22. I hereby certify that I attended the deceased from <u>12-15 1952</u> to <u>12-21, 1952</u> , that I last saw the deceased alive on <u>12-21, 1952</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. W. Oakman</u>		23b. ADDRESS <u>Charlottesville, Mo.</u>	
23c. DATE SIGNED <u>12-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>22 Dec 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe's Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Charlottesville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-26-52</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	4067	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. ...</u> ADDRESS <u>Charlottesville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

781  
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12-381-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 30 1952

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 \_\_\_\_\_

*not*  
Body was not embalmed

Student Embalmer No. None

working under my personal supervision.

Student None  
Student Embalmer

Signed P.B. Johnson

Licensed Embalmer No. 4833

P. O. Address Caruthersville, 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.