

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45196

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		<u>1082</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>319 W. Walnut Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TRESSA</u>		b. (Middle) <u>EDNA</u>		c. (Last) <u>MANNEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 16-1876</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>76</u>		IF ORDER IN WEEK Months   Days   Hours   Min. <u>6</u>   <u>23</u>	
11. BIRTHPLACE (State or foreign country) <u>Lincoln Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert L. Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Holcomb</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel F. Mannen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Mannen</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Dont know</u> <u>443 X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dont know</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month to my knowledge</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury</u>			
22. I hereby certify that I attended the deceased from <u>11/11</u> , 19 <u>52</u> , to <u>12/9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/9</u> , 19 <u>52</u> , and that death occurred at <u>2 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Mannen M.D.</u> (Degree or title)				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>12/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Kans.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Fournier</u>		4.51		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. H. Hall</u> ADDRESS <u>Lusaka Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

JAN 1954

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. ....

Signed.....  
Student Embalmer

Signed Allen V. Hoys

Licensed Embalmer No. 1968

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.