

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2193

State File No.

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 4

1630
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>80 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>0631/2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johnson Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Johnson Hosp</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Henry</u> c. (Last) <u>Manheube</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 12, 1872</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Marion Co. - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Manheube</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Riche</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Manheube</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Berney Manheube - St. James 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior - sclerotic heart disease C.V.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Utherson</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)		<u>4200</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Oct, 1951</u> to <u>Jan, 1953</u> that I last saw the deceased alive on <u>20 Jan, 1953</u> and that death occurred at <u>11:00 Am.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ang V. Luwis MD</u>		23b. ADDRESS <u>Rolla, Mo</u>		23c. DATE SIGNED <u>27 Jan 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nichols Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. James, (Rural) Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-6-53</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Licklider St. James Mo</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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas E. Seckley

Licensed Embalmer No. 3544

P. O. Address 57 Janney St

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.