No. 300
10.48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2803

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 22

940
0

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Monore Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge 0940
d. STREET ADDRESS (If rural, give location) Monroe 0

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Maness

4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Jan. 1, 1885
9. AGE (In years last birthday) 68 — If under 1 year: Months 0 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Minner
10b. KIND OF BUSINESS OR INDUSTRY Lead Company
11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Maness
13b. MOTHER'S MAIDEN NAME Lousina Vest
14. NAME OF HUSBAND OR WIFE Nille Baugh Maness

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-28-5029
17. INFORMANT'S SIGNATURE OR NAME Charles Maness Bismark, Missouri ADDRESS

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 12h

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombosis coronary artery
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic interstitial nephritis arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1953, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE H C Gaile MD (Degree or title) 0
23b. ADDRESS Desloge Mo
23c. DATE SIGNED 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/17/53
24c. NAME OF CEMETERY OR CREMATORY St. Francois Meo. Pk.
24d. LOCATION (City, town, or county) Bonne Terre Mo. (State)

DATE REC'D BY LOCAL REG. Jan. 17, 1953
REGISTRAR'S SIGNATURE Esther Rudloff Jr. 289
25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son ADDRESS Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1959

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 L. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Leslogue, 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.