No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4558

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 2

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

70
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1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houston
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rice Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bucyrus Mo. 1070
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JOSEPHINE
c. (Last): MANLEY

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 8, 1856
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cole Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: David McKinney
13b. MOTHER'S MAIDEN NAME: Mary Jane Murray
14. NAME OF HUSBAND OR WIFE: JAMES MANLEY
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.
17. INFORMANT'S SIGNATURE OR NAME: Jack Manley — ADDRESS: Fraser Iowa

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardio-Respiratory & urinary failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Carcinoma of nose with Erosion & extension
DUE TO (c) into Brain & face.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Degenerative Decompensative Heart disease grade IV 160 X

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* Aug 18, 1952, *to* Jan 14, 1953, *that I last saw the deceased alive on* Jan 14, 1953 *and that death occurred at* 3.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. J. Burns, MD 0
23b. ADDRESS: Houston Mo
23c. DATE SIGNED: 1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-53
24c. NAME OF CEMETERY OR CREMATORY: Emery
24d. LOCATION (City, town, or county) (State): Texas Co. Mo.

DATE REC'D BY LOCAL REG.: Jan. 21-53
REGISTRAR'S SIGNATURE: Myrtie Craig 327
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott Funeral Home — ADDRESS: Houston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.