

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5401

State File No.

FILED FEB 17 1953

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 5

0360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Lyon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Lyon</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural give location) <u>Leslie Mo. R#R.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Leslie Mo R#R.</u>			

3. NAME OF DECEASED a. (First) <u>Friedrich</u> b. (Middle) <u>W.</u> c. (Last) <u>Mann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1953</u>		
5. SEX <u>Mo</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Mar 3 1877</u>			9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>
11. BIRTHPLACE (State or foreign country) <u>Berger Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berger Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christ Mann</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Oberg</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Mann</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>333-018381</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Sachs Union 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, ashenia, etc. -It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis of Foot</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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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>4501</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 Jan 19 1951, to Feb 9 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Matthews M.D.</u>		23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>2-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethaney Cemt</u>	
24d. LOCATION (City, town, or county) (State) <u>Berger Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Temme Beaufort Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-11-53</u>		REGISTRAR'S SIGNATURE <u>H. Matthews</u>		95-1	

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 _____

E. H. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. H. Jenne

Licensed Embalmer No. 3076

P. O. Address. Beaufort 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.