

5. No. 300
v. 10.48

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8567

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>6239</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Bellevue</u>)			c. LENGTH OF STAY (In this place) <u>five</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bellevue Twsp.</u>			<u>1100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caledonia</u>				d. STREET ADDRESS <u>Hiway #32, 5 mi. east of Caledonia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>T.</u>		c. (Last) <u>MANGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1st. 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>Sept. 19 1889</u>		9. AGE (In years last birthday) <u>63</u>	if UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>stock</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Mangan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Banta</u>		14. NAME OF HUSBAND OR WIFE <u>Herma Hays Mangan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Russell Mercer, 303, 12th. St</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 <u>Laramie Wyo.</u>						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>12 GA. GUN SHOT WOUND INTO CHEST LUNGS & HEART</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</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) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE) <u>TOWNSHIP 35 WASHINGTON, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Biliion D.C. Coronar 3</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>3/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3.7-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella J. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>			

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

1100
1

(Licensed Embalmer's Statement on Reverse Side)

REC'D & T. MAY

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Dorchester Mass

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.