

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8939

State File No.

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Rush Twsp. <u>0110</u>)	
c. LENGTH OF STAY (in this place) 6 mos.		d. STREET ADDRESS (If rural, give location) Rt. #1, Rushville <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - Rush Twsp.			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle)	c. (Last) MANN	4. DATE OF DEATH (Month) (Day) (Year) March 9, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-10-1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Covington, Kentucky /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Stimmerman	13b. MOTHER'S MAIDEN NAME Anna DeWeese	14. NAME OF HUSBAND OR WIFE Lon Mann (de)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Pearl Stickley, Kansas City, Kansas	ADDRESS Kansas City, Kansas
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec. 18, 1951**, to **Mar. 9, 1953** that I last saw the deceased alive on **Mar. 6, 1953**, and that death occurred at **10:05P** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. S. Bradley (Degree or title)	23b. ADDRESS Atchison, Kans	23c. DATE SIGNED 3/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-12-1953	24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	24d. LOCATION (City, town, or county) (State) Rushville, Missouri
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DATE REC'D BY LOCAL REG. Mar 17, 1953	REGISTRAR'S SIGNATURE Gray P. Belmont <u>443</u>	25. FUNERAL DIRECTOR'S SIGNATURE John C. Kupp	ADDRESS St. Joseph, Mo.
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Deputy Registrar (Licensed Embalmer's Statement on Reverse Side)

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

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.