

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1953

BIRTH NO. ... REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5433 Registrar's No. 13

360

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Villa Ridge Union Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Rural (Central)	
c. LENGTH OF STAY (If this place) 12 hrs		d. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) A. c. (Last) Mannes	4. DATE OF DEATH (Month) (Day) (Year) March 9, 1953
--	---

5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar 15, 1886	9. AGE (In years last birthday) 66	10. MONTH 11	11. DAY 24	12. HOURS 	13. MIN.
--------------------	-------------------------------	--	--------------------------------------	---	---------------------	-------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME Strickland Mannes	13b. MOTHER'S MAIDEN NAME Malary	14. NAME OF HUSBAND OR WIFE None
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or date of service) World War I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katherine Sperry	ADDRESS St. Louis
---	-------------------------------------	---	--------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Villa Ridge Franklin Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest L. Ottman (Degree or title) Coroner	23b. ADDRESS Genard Mo	23c. DATE SIGNED Mar 9, 1953
---	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-1953	24c. NAME OF CEMETERY OR CREMATORY J.B. Nat'l Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. Mar 9, 1953	REGISTRAR'S SIGNATURE F.T. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE Union General Home	ADDRESS Union
---	--	--	----------------------

1953

APR 7 1953

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 Harlan V. Johannake

Licensed Embalmer No. 4488

P. O. Address Union, 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.