

FILED APR 22 1953

STANDARD CERTIFICATE OF DEATH

State File No. 15289

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY Swedeborg, Missouri c. LENGTH OF STAY Life d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski c. CITY Swedeborg, Missouri d. STREET ADDRESS None

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Daniel c. (Last) Manes 4. DATE OF DEATH (Month) (Day) (Year) April 10, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH July 4, 1871 9. AGE (In years last birthday) 81 yrs 9 Months 6 Hours

10a. USUAL OCCUPATION Merchant 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Swedeborg, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Arron Manes 13b. MOTHER'S MAIDEN NAME Adelian Green 14. NAME OF HUSBAND OR WIFE Rose Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Rose Manes Swedeborg, Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Cardiac-Vascular-Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 442X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 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 1942 to April 10, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE John A. Eichelweber, D.O. 23b. ADDRESS Crocker, Missouri 23c. DATE SIGNED 4-12-53

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE April 12/53 24c. NAME OF CEMETERY OR CREMATORY Bethelom Cemetery Swedeborg, Mo Rural 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4-12-53 REGISTRAR'S SIGNATURE Paula G. Anderson 456 25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Neages ADDRESS Hodges Funeral Home Crocker, Mo

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

RECEIVED 4-18-53  
Pulaski County Health Officer  
File Number  
Date Filed 4-18-53

**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 Walter O. Hedges

Licensed Embalmer No. 4266

P. O. Address Herida, 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.