S. No. 300
r. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1953

State File No. 17292

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 173

1640

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 1week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Union
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Road Dist. 1 A 8120
d. STREET ADDRESS (If rural, give location): Rural Rd Dist. 1 A

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Manninger

4. DATE OF DEATH (Month) (Day) (Year): June 5 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-28-1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR Months: 1 Days: 7 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Union County Ill

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Charles Manninger

13b. MOTHER'S MAIDEN NAME: Susan Ann Godwin

14. NAME OF HUSBAND OR WIFE: Wife(Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fern Manninger Union CountyIll.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uraemia	3 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Metastatic carcinoma	3 mos.
DUE TO (c)	Carcinoma of prostate	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Myocarditis	6 mos.

19a. DATE OF OPERATION: 3-10-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate 177X

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* 3-9 *1953, to* 6-5 *1953, that I last saw the deceased alive on* 6-5 *1953, and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul B Buchanan MD

23b. ADDRESS: 185 Broadway Cape Girardeau Mo

23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 5 1953

24c. NAME OF CEMETERY OR CREMATORY: Anna Ill

24d. LOCATION (City, town, or county) (State): Anna Ill.

DATE REC'D BY LOCAL REG.: 6-8-53

REGISTRAR'S SIGNATURE: C. C. Summers 44-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McCarty Funeral Home Anna Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 Hal R. McCarty

Licensed Embalmer No. 4861

Anna Ill. P. O. Address Illinois License

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.