

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17578**

FILED MAY 25 1953

BIRTH NO.		REG. DIST. NO. <b>108</b>		PRIMARY REG. DIST. NO. <b>4179</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Senath Mo</b>		c. LENGTH OF STAY (In this place) <b>5 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Senath Mo</b>		d. STREET ADDRESS (If rural, give location) <b>1350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacobs</b> b. (Middle) <b>Bellfield</b> c. (Last) <b>Mansley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16 - 1953</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		8. DATE OF BIRTH <b>Dec 4 - 1871</b>	
9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>3</b>		11. DAYS <b>22</b>		12. IF UNDER 1 YEAR Hours <b>22</b> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Friendship Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Mansley</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Harber</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Mansley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Ray Mansley Senath Rural Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anterior cerebral, generalized &amp; ganglionic</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis, Chronic</b>					<b>2 yrs</b>
		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 <b>592x</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <b>Aug, '51</b> , 19, to <b>Apr 16, 1953</b> , that I last saw the deceased alive on <b>Apr 16, 1953</b> , and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ebert M. Mohler Jr. M.D.</b>				23b. ADDRESS <b>Senath Mo</b>		23c. DATE SIGNED <b>Apr 19 '53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 19 - 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-12-53</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. H. Lammert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kenett Service</b>		ADDRESS <b>Kennett Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DORRIN COUNTY HEALTH

DEPARTMENT 5-22-53

COUNTY FILE NO. 553-136

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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address *Bennett 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.