

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31897

State File No.

FILED SEP 24 1953

BIRTH NO. 60927-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4331

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1 Kansas City 5 hrs 45m</u>		c. LENGTH OF STAY (In this place) <u>5 hrs 45m</u>	c. CITY OR TOWN <u>HICKMAN MILLS</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>ROUTE 3 7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>(NONE)</u> b. (Middle) <u>MANNING</u> c. (Last) <u>MANNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 1 53</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Never married</u>	8. DATE OF BIRTH <u>9-1-53</u>	9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 4 HRS. Hours <u>5</u> Min. <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>K.C., Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Hill</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm J. Manning</u>		ADDRESS <u>Route 3 Hickman Mills.</u>		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Hypertension</u> ANTECEDENT CAUSES <u>Congenital Cystic Thyreosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>273h</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 <u>9-1-53</u> , to <u>9-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>53</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>R. L. West</u> (Degree or title)		23b. ADDRESS <u>Belton Mo</u>		23c. DATE SIGNED <u>9-2-53</u>		
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>9-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Belton Mo</u>			
DATE REC'D BY LOCAL REG. <u>9.3-53</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>		25. EMERAL DIRECTOR'S SIGNATURE <u>George Jones</u> ADDRESS <u>Belton Mo</u>			

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.....
Signature of Student Embalmer

Signed *Steuve E. Godard*

Licensed Embalmer No. *4911*

P. O. Address *Grandview*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.