V.S. No. 300
Rev. 10.48

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

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35085

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1164

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2613 Olive St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 2613 Olive St.

3. NAME OF DECEASED (Type or Print)
a. (First): Christopher
b. (Middle): T. G.
c. (Last): Manners

4. DATE OF DEATH (Month) (Day) (Year): November 6, 1953

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: August 21, 1882

9. AGE (In years last birthday): 71
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Investment Co.

11. BIRTHPLACE (State or foreign country): West Hartlepool, England 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unk.

13b. MOTHER'S MAIDEN NAME: unk.

14. NAME OF HUSBAND OR WIFE: Margaret Tauchman Manners

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

16. SOCIAL SECURITY NO.: 498-24-5010

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Margaret Manners
ADDRESS: 2613 Olive St. St. Joseph Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 17 mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis — Years
DUE TO (c) Chr. Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Fibrosis — 2 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Paralytic 443X

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* June 16, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 4, 1953, *and that death occurred at* 8:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Albert H. Muench
(Degree or title): M.D.
23b. ADDRESS: St. Joseph, 8, Mo
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/9/1953
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Nov 12, 1953
REGISTRAR'S SIGNATURE: 485 Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1963

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, 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.