

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40828

FILED DEC 4-1953

State File No. _____
Registrar's No. 11194

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 11194	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>9 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5351 Delmar</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>McManaway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-28-1878</u>		9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	if UNDER 1 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintenance man</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George McManaway</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Chamberline</u>			14. NAME OF HUSBAND OR WIFE <u>Zetta Blair McManaway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>495-12-4266</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Charles Chamberline Supt. Masonic Home of Missouri, 5351 Delmar.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) <u>Endarteritis Obliterans</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
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? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>3-14-</u> , 19 <u>53</u> , to <u>11-25</u> , 19 <u>53</u> that I last saw the deceased alive on <u>11-24-</u> , 19 <u>53</u> , and that death occurred at <u>4:10Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Chamberline</u>				23b. ADDRESS <u>508 N. Grand Ave.,</u>			23c. DATE SIGNED <u>11-25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo</u>				
DATE REC'D BY LOCAL REG. <u>NOV 27 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Chamberline</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Powell</u>			ADDRESS <u>2707 N. Grand</u>	

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

10-10-11

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.