

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41904**
Registrar's No. **24**

BIRTH NO. _____ REG. DIST. NO. **359** PRIMARY REG. DIST. NO. **6217**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milo-Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milo - Rural	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) Badger Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Badger Twp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Eli	b. (Middle) Eugene	c. (Last) McMannis	4. DATE OF DEATH (Month) (Day) (Year) December 1 1953
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 19, 1867-86	9. AGE (In years) (Months) (Days) (Hours) (Min.) 86
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Arcola, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eli McMannis	13b. MOTHER'S MAIDEN NAME Sarah Cavender	14. NAME OF HUSBAND OR WIFE Clara McMannis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mittie B. McMannis	ADDRESS Miss. Mo.
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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) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION 2-1-53	19b. MAJOR FINDINGS OF OPERATION 2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4341
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **May 1951**, to **Dec 1953**, that I last saw the deceased alive on **May 8, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 12-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 3 1953	24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	24d. LOCATION (City, town, or county) (State) Vernon County Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec 5 1953 Mrs Ruth Faith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home Nevada, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

80
1

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. 492

working under my personal supervision.

Student *R. L. Perry*
Student Embalmer

Signed _____

R. L. Perry

Licensed Embalmer No. 1263

P. O. Address Nevada

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.