

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42239

State File No. ....

No. 300

10.48

FILED JAN 4 1954

BIRTH NO. ....		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4066</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Caldwell</u>		b. CITY OR TOWN <u>Kingston, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell County Home</u>		
a. STATE <u>Mo.</u>		b. COUNTY <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palo, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>		
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		
a. (First) <u>WALTER</u>		b. (Middle) <u>Weland</u>		c. (Last) <u>Manbeck</u>		a. (Month) <u>12</u>		
(Type or Print)						b. (Day) <u>27</u>		
						c. (Year) <u>1953</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 5, 1883</u>		9. AGE (In years last birthday) <u>70</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 (State or foreign country) <u>Palo, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wm. S. Manbeck</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Thornberry</u>			14. NAME OF HUSBAND OR WIFE <u>None - Richardson</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>Mrs. Claude Oweal</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>10 DAYS</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					
			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.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			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)				
				<u>KINGSTON CALDWELL MO.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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>12-17</u> , 19 <u>53</u> , to <u>12-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>53</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank R. D. Jolley, M.D.</u>				23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>12-28-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caldwell County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-30-53</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alapauk &amp; Cowley</u>		ADDRESS <u>Palo, Mo.</u>		

Licensed Embalmer's Statement on Reverse Side

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Guinn L. Donald

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4924

P. O. Address Polo, 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.