

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>15</u>	PRIMARY REG. DIST. NO. <u>5069</u>	Registrar's No. <u>5</u>
1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lamar Twp.</u>		c. LENGTH OF STAY (In this place) <u>15 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lamar, Twp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles n.w. Lamar</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles n.w. Lamar</u> <u>0060</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) <u>Freemont</u> c. (Last) <u>McManis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 26, 1861</u>	9. AGE (In years last birthday) <u>92</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 yrs.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William McManis</u>		
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harriett Moore</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Selvey, Lamar, Mo.</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u> <u>years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) <u>Lamar</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Nov. before</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-17</u> , 19 <u>54</u> , and that death occurred at <u>5:29 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. M. Arnold, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>1-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>
24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Sharp & Selvey, Jasper, Mo.</u> ADDRESS _____		
DATE REC'D BY LOCAL REG. <u>JAN 18 1954</u>		REGISTRAR'S SIGNATURE <u>Maria Konantz</u> <u>14-5</u>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ransom D. Sharp*

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.