

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 15 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7005 342 Sterling</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>T</u> c. (Last) <u>Maness</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 6, 1896</u>		9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stillman</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>	

13a. FATHER'S NAME <u>John Maness</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Neilson</u>		14. NAME OF HUSBAND OR WIFE <u>Martha G. Maness</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>486 03 0785^{NO}</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha G. Maness, Independence, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Unknown</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)	
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?	

22. I hereby certify that I attended the deceased from 4/1 1952 to 1/7 1954, that I last saw the deceased alive on 1/6 1954 and that death occurred at 12:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Hallock MD</u> (Degree or title)		23b. ADDRESS <u>310 S. Main</u>		23c. DATE SIGNED <u>1/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	
		24d. LOCATION (City, town, or county) <u>Independence, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>554</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rob. Carson Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1958

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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 Emil W. Halbrook

Licensed Embalmer No. 4901

P. O. Address July 2nd

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.