No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7594

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4553 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Grove, Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Grove, Mo.
d. STREET ADDRESS (If rural, give location) 430 Front St 1141 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Mann

4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1954

5. SEX Male 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH May 5, 1863
9. AGE (In years last birthday) 90 | If under 1 year: Months 7 Days 4 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad
10b. KIND OF BUSINESS OR INDUSTRY Engineer
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Not Known
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Margaret Mann

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. ——
17. INFORMANT'S SIGNATURE OR NAME Margaret Mann ADDRESS Mtn Grove

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cardio-Renal-Vascular Disease

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 442 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953 to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Mitchell, D.O.
23b. ADDRESS Mtn Grove, Mo.
23c. DATE SIGNED 2-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-11-54
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Mtn Grove, Mo

DATE REC'D BY LOCAL REG. 2-12-54
REGISTRAR'S SIGNATURE A.B. Ames 34
25. FUNERAL DIRECTOR'S SIGNATURE Grable Windle ADDRESS Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 16 1954
WRIGHT CO. HEALTH DEPT.
County File Number 254-29
Date Filed FEB 20 1954

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 Frank Gable

Licensed Embalmer No. 4440

P. O. Address Mt. Pleasant Ia

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.