

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

**7643**

State File No. ....

FILED **APR 6 1954** REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 70

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Atchison</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson Mo.,</u> <span style="float:right">0030 0</span>	
c. LENGTH OF STAY (in this place) <u>48 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>
a. (First) <u>William</u>	b. (Middle) <u>Jasper</u>	c. (Last) <u>Maness</u>	(Month) (Day) (Year) <u>3 - 28 - 1954</u>

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>12-30-1881</u>	<b>9. AGE (In years last birthday)</b> <u>72</u>	<b>IF UNDER 1 YEAR</b> Months <u>2</u> Days <u>28</u>	<b>IF UNDER 2 HRS.</b> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Baileyton, Tenn., /</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>

<b>13a. FATHER'S NAME</b> <u>William Maness</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Polly Hashburger</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Leland Holmes</u>	<b>ADDRESS</b> <u>Watson, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Peritonitis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrenous appendicitis</u> DUE TO (c) <u></u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Arrest, Pulmonary edema.</u>		<b>3 days</b>	

<b>19a. DATE OF OPERATION</b> <u>3-26-54</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Gangrenous appendix</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g. in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Watson, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Sept 5, 1953, to 3-28-1954, that I last saw the deceased alive on 3-28, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Wallace Carpenter M.D.</u>	<b>(Degree or title)</b>	<b>23b. ADDRESS</b> <u>Rock Port Mo</u>	<b>23c. DATE SIGNED</b> <u>3-30-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>3-31-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>High Creek, Cem.,</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Watson, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 31 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Marvin S. Wheeler</u>	<b>443-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Partholomew Mortuary.</u>	<b>ADDRESS</b> <u>Rockport.</u>
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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 *Grady Barcheton*

Licensed Embalmer No. *3173*

P. O. Address *Rock Pt. m*

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.