No. 300
10.48

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12697

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 30 Registrar's No. 111

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

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 617 CENTER ST. 0

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): L.
c. (Last): MANZKE

4. DATE OF DEATH (Month) (Day) (Year): 4-17-1954

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 2-17-1880
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: LEE MIDDLETON
13b. MOTHER'S MAIDEN NAME: NANCY GALLOWAY
14. NAME OF HUSBAND OR WIFE: WM. F. MANZKE

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 / ADDRESS: Carl Manzke - Hannibal, Mo

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): Cerebral hemorrhage —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on* Apr 17, 1954, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Poller Ph.D.
23b. ADDRESS: Hannibal Mo.
23c. DATE SIGNED: April 18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-20-1954
24c. NAME OF CEMETERY OR CREMATORY: BARKLEY CEM.
24d. LOCATION (City, town, or county) (State): NEW LONDON, MO.

DATE REC'D BY LOCAL REG.: 4/19/54
REGISTRAR'S SIGNATURE: D. E. McLucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ralph Clark - Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

189-0

RECEIVED APR 28 1964
MARION CO. HEALTH DEPT.
DATE FILED APR 28 1964

JAN 30 1959

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 Ralph C Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.