

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

State File No. **12980**

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **50**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Pulaski	b. CITY (If outside corporate limits, write RURAL and give township) Waynesville, MO	a. STATE Missouri	b. COUNTY Pulaski
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Waynesville, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Frank	b. (Middle) None	c. (Last) Manes	(Month) April	(Day) 27	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1875		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher - retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Swedesborg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John A. Manes	13b. MOTHER'S MAIDEN NAME Mary Adaline Green	14. NAME OF HUSBAND OR WIFE Tino Salsman
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Stella Judkins
		ADDRESS Waynesville, 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		INTERVAL BETWEEN ONSET AND DEATH 10 days 15 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Aetiorid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis		
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 331X	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 3-12, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-25, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. O. Hewitt</i>	(Degree or title) D.O.	23b. ADDRESS Waynesville, Missouri	23c. DATE SIGNED 4-28-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE April 29/54	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetary	24d. LOCATION (City, town, or county) (State) Swedesborg, Missouri
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DATE REC'D BY LOCAL REG. 4-28-54	REGISTRAR'S SIGNATURE <i>Paula E. Anderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Willy H. ...</i>	ADDRESS Hedges, Exmore, Home Waynesville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-1-54
Pulaski County Health Officer
File Number
Date Filed 5-1-54

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 Clarence Snow

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.