

FILED AUG 9 - 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **22283**

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		Registrar's No. <b>235</b>	
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived, if in Missouri, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, write RURAL and city or township) <b>Fulton</b>		c. LENGTH OF STAY (in this place) <b>3 yrs +</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp. no 1</b>				e. STREET ADDRESS (If rural, give location) <b>2918 TRACEY AVE 1</b>			
3. NAME OF DECEASED a. (First) <b>MINNIE</b> (Type or Print)			b. (Middle) <b>LEE</b>		c. (Last) <b>MANNING</b>		4. DATE OF DEATH (Month) <b>7</b> (Day) <b>29</b> (Year) <b>54</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>10 27 82</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CRESTON IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>FRANCIS LOGAN WALLACE</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET SULLIVAN</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES R. MANNING</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>4145</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EVA WALLIS</b> ADDRESS <b>KANSAS CITY</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Psychosis with meningococcal meningitis syphilitic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 <b>025X</b>	
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) (Min.)		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 <b>Oct 10 1953</b> , to <b>July 29, 1954</b> , that I last saw the deceased alive on <b>July 29, 1954</b> , and that death occurred at <b>10 P.M.</b> , from the causes and on the date stated above.						23a. SIGNATURE <b>J. Stegenter M.D.</b> (Degree or title)	
23b. ADDRESS <b>Fulton Mo</b>				23c. DATE SIGNED <b>July 29, 54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-4-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State Hosp Cem. Fulton</b>		24d. LOCATION (City, town, or county) (State) <b>Mo -</b>	
DATE REC'D BY LOCAL REG. <b>Aug 4 - 1954</b>		REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>		FUNERAL DIRECTOR'S SIGNATURE <b>C. Weeks</b>		ADDRESS <b>Fulton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**