

FILED SEP 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. **30126**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **253**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Mon.		e. STREET ADDRESS (If rural, give location) 8421 Wabash	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Penitentiary		2901	

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Joseph c. (Last) Manning			4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 54		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 16, 1935	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 2 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Dodson Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Clarence M. Manning	13b. MOTHER'S MAIDEN NAME Martha B. Lakey	14. NAME OF HUSBAND OR WIFE none
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 State Penitentiary Hosp. Records
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound		DUPLICATE OF (b) Neck into chest (Right)		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) No other		
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	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) Jefferson City Cole Mo
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? Walking across street

22. I hereby certify that I attended the deceased from 19 9-22-54, that I last saw the deceased alive on 19 9-22-54, and that death occurred at 930 P.M. 9-22-54, from the causes and on the day specified above.

23a. SIGNATURE G. Bruce Jefferson	(Degree or title) Dr.	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 9-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial removal	24b. DATE 9-24-54	24c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. Sept 24 54	REGISTRAR'S SIGNATURE R. P. Derr...	25. FUNERAL DIRECTOR'S SIGNATURE George L. London	ADDRESS Jefferson City Mo
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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.....
Signature of Student Embalmer

Signed *Harry E. Monroe*.....
Licensed Embalmer No. *449*.....
P. O. Address *Jefferson Co.*.....

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.