

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33504**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11K PRIMARY REG. DIST. NO. 4186 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>SULLIVAN</u>	c. LENGTH OF STAY (in this place) <u>40 YRS</u>	c. CITY OR TOWN <u>SULLIVAN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH SIDE HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>228 N. CHURCH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CLARA</u> c. (Last) <u>MANION</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6 1954</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 28, 1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MATRONS</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BLAIRSBURG, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>SIMON WEISS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ST. JULIAN</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER MANION</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-10-1894</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GORDON MANION SULLIVAN, MO</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY <u>No</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>331X</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from June 49 to NOV., 1954, that I last saw the deceased alive on 11/6, 1954, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. de Cato, M.D.</u>		23b. ADDRESS <u>Sullivan, Mo</u>		23c. DATE SIGNED <u>11/8/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY SULLIVAN</u>	24d. LOCATION (City, town, or county) (State) <u>MO.</u>		
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DATE REC'D BY LOCAL REG. <u>11/8/54</u>	REGISTRAR'S SIGNATURE <u>Theresa A. Humphrey</u>	496-00	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. McEaton Sullivan, Mo</u>		
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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~~ *me*..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. A. Dempsey*.....

Licensed Embalmer No. *4772*

P. O. Address *Sullivan*

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.