

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37008

State File No.

FILED NOV 29 1954

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 2

0380

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Howard Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City, Miller Township.</u>	
c. LENGTH OF STAY (in this place) <u>14 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles N.E.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dale Mann. Res. Denyer Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Mann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11.18.1954</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>Widow</u>	8. DATE OF BIRTH <u>4.20.1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR <u>6</u> Days	IF UNDER 24 HRS. <u>28</u> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Enoch Roley</u>	13b. MOTHER'S MAIDEN NAME <u>Naley Rainey</u>	14. NAME OF HUSBAND OR WIFE <u>Alba Mann.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Shidler.</u>	ADDRESS <u>King City Rural.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
11. 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? <u>331X</u> YES <input 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)
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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?
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22. I hereby certify that I attended the deceased from June 1936, to 11.18.1954, that I last saw the deceased alive on 11-18, 1954 and that death occurred at 4:20A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Dr. Jack A. Barnes D.O.</u>	23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>11.19.1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11.20.54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ford City</u>	24d. LOCATION (City, town, or county) (State) <u>Ford City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 22-54</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Taggart</u>	ADDRESS <u>King City 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 _____

Student Embalmer No. ~~2563~~ 2563x

working under my personal supervision.

Student
Student Embalmer

Signed

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.