

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		State File No.			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denton</u>		c. LENGTH OF STAY (in this place) <u>12 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Fox Creek Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Fox Creek Township</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Newton</u>		c. (Last) <u>Manville</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-20-1883</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (This kind of work done during part of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co Mo USA</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>James Manville</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Belle Swain</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Manville</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Preston</u>			ADDRESS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>						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) m.		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 <u>Nov 24, 1954</u> , to <u>Dec 6, 1954</u> , that I last saw the deceased alive on <u>Dec 6, 1954</u> and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. A. Ruffey M.D.</u>				23b. ADDRESS <u>Truxter Mo</u>				23c. DATE SIGNED <u>Dec 7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town or county) (State) <u>Gilman City Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Shan</u>		ADDRESS <u>Bethany, Mo</u>			

APR 12 1951

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 _____

W B Haus

Licensed Embalmer No. 3899

P. O. Address Bethany 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.

W B Haus