

FILED DEC 7 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 39879

BIRTH NO.		REG. DIST. NO. 6149		PRIMARY REG. DIST. NO. 339		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Puxico Rural Duck Creek T.S.)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Puxico 0			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) T.		c. (Last) Mangum.	
4. DATE OF DEATH		(Month) 11		(Day) 16		(Year) 54	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed		8. DATE OF BIRTH July 14 1880	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Asherville Mo.	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim Mangum			13b. MOTHER'S MAIDEN NAME Nancy Lacewell			14. NAME OF HUSBAND OR WIFE Deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Mangum Puxico Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure  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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4341 (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 Nov 16, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 11:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE U.H. Shiggins D.D.				23b. ADDRESS Puxico Mo		23c. DATE SIGNED 11/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-18-54		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) Puxico Mo Rural	
DATE REC'D BY LOCAL REG. 12/2/54		REGISTRAR'S SIGNATURE Pearl Reed 410		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Service Puxico Mo.			

(Licensed Embalmer's Statement on Reverse Side)

**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.....

*Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Denver - Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

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