

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4558**
Registrar's No. **189**

FILED MAR 7 1955		BIRTH NO. 35856-54		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5466	Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give rural, S. Campbell or town) Rural, S. Campbell Springfield		c. LENGTH OF STAY (in this place) 9 mo.		c. CITY OR TOWN Rural, South Campbell Springfield		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2930 West Monroe				e. STREET ADDRESS (If rural, give location) 2930 West Monroe Street 0390 0			
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) William c. (Last) Manning			4. DATE OF DEATH (Month) (Day) (Year) February 25 1955				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH June 3, 1954		9. AGE (in years last birthday) Months 8 Days 22	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roy James Manning			13b. MOTHER'S MAIDEN NAME Norma Louise Manning		14. NAME OF HUSBAND OR WIFE Not Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy J. Manning 2930 W. Monroe Street			
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) Probable Broncho Pneumonia according to Coroner's report						INTERVAL BETWEEN ONSET AND DEATH unknown
	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 None		19b. MAJOR FINDINGS OF OPERATION 491X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 3/1/55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Springfield, Missouri			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00a.m. , from the causes and on the date stated above.							
23. SIGNATURE David William Local Registrar (Print name and title) Vital Statistics 8				23b. ADDRESS Greene County Court House Springfield, Missouri		23a. DATE SIGNED 3/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/55	24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 3/1/55		REGISTRAR'S SIGNATURE David William		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield, Mo.			

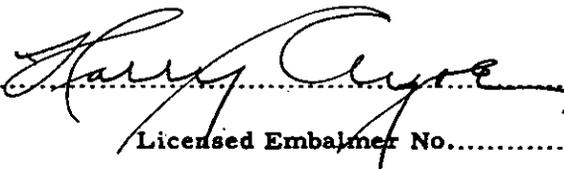
(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address

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.