

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 25 1955 STANDARD CERTIFICATE OF DEATH

11351

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Clay 5</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>6001</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty 1st</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Liberty</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200F Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>138 n Missouri</u>			

3. NAME OF DECEASED (Type or Print) <u>WALTER</u>	a. (First)	b. (Middle)	c. (Last) <u>MANLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21-55</u>
--	------------	-------------	----------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Sept. 2-1874</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>80</u>
--------------------	-------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Office</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postal</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ind / U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	--	--

13a. FATHER'S NAME <u>James Manley</u>	13b. MOTHER'S MAIDEN NAME <u>Wendy</u>	14. NAME OF HUSBAND OR WIFE <u>Clara S Manley</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dean Mitchell</u>	ADDRESS <u>Liberty, Mo.</u>
--	--------------------------------------	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>4-6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile inanition</u>		10 or more years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic cerebro-vascular disease</u> 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>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	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) (Min.)	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 Apr. 20, 1955, to Apr. 21, 1955, that I last saw the deceased alive on Apr. 20, 1955, and that death occurred at 11:40 a.m.; from the causes and on the date stated above.

23a. SIGNATURE <u>L. D. Schroeder</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>4/21/55</u>
--	----------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farmview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April-22-1955</u>	REGISTRAR'S SIGNATURE <u>Hazel Graham</u>	491- <u>491</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Creen Co.</u>	ADDRESS <u>Liberty, Mo.</u>
--	--	-----------------	---	--------------------------------

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

MAY 24 1955

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

Signed *John Lombard*  
Licensed Embalmer No. *444*

P. O. Address *Liberty*

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.