

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20813

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY OR TOWN <b>Shelbina, Mo.</b>	c. LENGTH OF STAY (in this place) <b>2 Yrs.</b>	c. CITY OR TOWN <b>Shelbina, Mo.</b>	d. 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 <b>None</b>		e. STREET ADDRESS (If rural, give location) <b>X 1020</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>MERCER</b>	c. (Last) <b>MANLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-5-1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct-8-1868</b>	9. AGE (In years last birthday) <b>96</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shelby Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Enoch Manley</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Manley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frances Manley, Shelbina, Mo.</b>	ADDRESS <b></b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis &amp; myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 January, 1954, to July, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Scherler</b> (Degree or title)	23b. ADDRESS <b>Shelbina, Mo.</b>	23c. DATE SIGNED <b>7-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-8-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina, Cmty.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-9-55</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b> <b>419-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b>	ADDRESS <b>Shelbina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. H. H. H. H. H.*

Licensed Embalmer No. *349*

P. O. Address..... *Still...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.