

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 1 - 1955

State File No. 21826

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>585-A</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a.-STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HANDLEY MEMORIAL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3011 West Lynn</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>(NMI)</u>		c. (Last) <u>MANESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 18, 1892</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jim Curry</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Ilaf</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Henry Maness</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Henry Maness, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>				_____				<u>2 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				<u>5810</u>				_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mal-nutrition</u>				_____				<u>6 mo</u>
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) (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>April 28</u> , 19 <u>55</u> , to <u>July 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>55</u> , and that death occurred at <u>12:45am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Carl W. Russell M.D.</u>				23b. ADDRESS <u>1951 South National Springfield, Missouri</u>		23c. DATE SIGNED <u>7/8/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-29-55</u>		REGISTRAR'S SIGNATURE, <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer,</u>		ADDRESS by <u>(SW)</u> <u>Springfield, Mo</u>		

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

AUG 30 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 Embalmer

Signed *Robert E. Nublerman*

Licensed Embalmer No. *491*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.