

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39798**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 59		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkton		23 50		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location) Box 263				
3. NAME OF DECEASED (Type or Print) a. (First) IRL		b. (Middle) DEE		c. (Last) MANSFIELD		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 9 1893		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 1 Days 14		IF UNDER 1 MIN. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marble Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter J. Mansfield			13b. MOTHER'S MAIDEN NAME Emma Stem			14. NAME OF HUSBAND OR WIFE Eva Mansfield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 489-12-8896		17. INFORMANT'S SIGNATURE OR NAME Eva Mansfield ADDRESS Clarkton, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema - Pneumothorax - Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puncture of pleural cavity DUE TO (c) Fracture, 8th, 9th, 10th ribs, right side II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. multiple bruises					INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Clarkton (COUNTY) (STATE)				
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				
22. I hereby certify that I attended the deceased from Nov 21 , 19 55 , to Nov 23 , 19 55 , that I last saw the deceased alive on Nov 23 , 19 55 , and that death occurred at 5:15 AM from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Marie E. Mc...				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 11-30-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery		24d. LOCATION (City, town, or county) (State) Clarkton, Missouri		
DATE REC'D BY LOCAL REG. 12/17/55		REGISTRAR'S SIGNATURE R. H. Muehle...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

14881

RECEIVED
DEC 27 1955

BUTLER CO. HEALTH CENTER
FILE No. _____

DEC 29 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
Student Embalmer

Signed *Christina M. Leland*

Licensed Embalmer No. *4227*

P. O. Address *Campbell Mo*

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

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