

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41538

State File No.

FILED DEC 29 1955
BIRTH NO. 3584-55 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 9396 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Permisat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Permisat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wardell</u>		c. CITY OR TOWN <u>Bragg City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>60</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Hansley's office</u>		e. STREET ADDRESS (If rural, give location) <u>General Bragg City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>mae</u> c. (Last) <u>manuel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 55</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>29 Feb 35</u>		9. AGE (In years last birthday) <u>20</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bragg City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Wayman Manuel</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Lee Allen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Hansley</u> ADDRESS <u>Bragg City 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastroenteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5710</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration</u>			

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 (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?	
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22. I hereby certify that I attended the deceased from 12-16-1955, to 12/16, 1955, that I last saw the deceased alive on 12/16, 1955, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel R. Hensley MD</u>		23b. ADDRESS <u>Waverdale Mo</u>		23c. DATE SIGNED <u>12/16/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-17-55</u>		REGISTRAR'S SIGNATURE <u>John H. German</u> <u>406</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Driscoll</u> ADDRESS <u>Circle Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-378-55

DEC 27 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R.B. Orr*

Licensed Embalmer No..... *45*

P. O. Address..... *C.ville*

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