

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2194

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Demerut</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence at time of death) a. STATE <u>Missouri</u> b. COUNTY <u>Demerut</u>			
b. CITY OR TOWN <u>Caruthersville</u> <small>Outside corporate limits, write RURAL and give township</small>		c. LENGTH OF STAY (If in this place) <u>Life</u>		c. CITY OR TOWN <u>Caruthersville</u> <small>(If outside corporate limits, write RURAL and give township)</small>		d. STREET ADDRESS (If rural, give location) <u>109 E 14th st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>109 E 14th st</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>OSCAR</u>		c. (Last) <u>MANLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-27-1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Aug-24-1898</u>	
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>5</u>		11. DATES <u>3</u>		12. HOURS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Manley</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Sanford</u>		14. NAME OF HUSBAND OR WIFE <u>Louella Manley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>490-18-033</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louella Manley</u> ADDRESS <u>Caruthersville</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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) _____					
		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"/>	
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) <u>Caruthersville Demerut Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drank too much wine</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. German</u> (Degree or title) _____				23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>1-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 6, 1956</u>		REGISTRAR'S SIGNATURE <u>Hessie B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co Caruthersville</u> ADDRESS <u>720</u>			

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

2-49-56

FEB 10 1956

COURT HOUSE PHONE 79  
GARUTHERSVILLE, MO.

FEB 14 1956

9361 9 8 22

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

*Noel C Dean*

Licensed Embalmer No. 3941

P. O. Address *Caruthersville*

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