

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6019

FILED FEB 29 1956

State File No.

BIRTH NO. 124 REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 3059 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>1 WK.</u>	c. CITY OR TOWN <u>Flat River</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)		b. (Middle) <u>F.</u>		c. (Last) <u>MANLEY</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>18</u> (Year) <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>JUNE 7, 1883</u>		9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR (Months) <u>8</u>	11. UNDER 1 WKA. (Days) <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>HENRY MANLEY</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA KINNAMAN</u>		14. NAME OF HUSBAND OR WIFE <u>IDA MANLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-01-9008</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Thomas Flat River, Mo</u> ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>diabetes mellitus</u>		<u>10 yrs</u>	
		DUE TO (c) <u>Cerebral thrombosis</u>		<u>2 mo</u>	
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 <u>260X</u>		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?	

22. I hereby certify that I attended the deceased from Jan 5, 1956 to Feb 18, 1956 that I last saw the deceased alive on Feb 17, 1956 and that death occurred at 6:10 PM. from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Coulter, M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>2-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Near Farmington Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 20, 1956</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.