

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9512

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>155</u> | | PRIMARY REG. DIST. NO. <u>3127</u> | | Registrar's No. <u>58</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>JASPER</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u> | | c. CITY OR TOWN <u>WEBB CITY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>60 YRS</u> | | e. STREET ADDRESS (If rural, give location) <u>35 SOUTH HALL ST</u> | | f. STREET ADDRESS (If rural, give location) <u>35 SOUTH HALL ST</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH | | 5. DATE OF DEATH | |
| a. (First) <u>WALTER</u> | | b. (Middle) | | c. (Last) <u>MANESS</u> | | 6. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1956</u> | |
| 7. SEX <u>MALE</u> | | 8. COLOR OR RACE <u>WHITE</u> | | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 10. DATE OF BIRTH <u>NOVEMBER 24, 1889</u> | |
| 11. AGE (In years last birthday) <u>71</u> | | 12. IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u> | | 13. IF UNDER 2 HRS. Hours <u></u> Min. <u></u> | | 14. BIRTHPLACE (City and State or Foreign Country) <u>BLACKWELL MISSOURI</u> | |
| 15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY EMPLOYEE</u> | | 16. KIND OF BUSINESS OR INDUSTRY <u>FIRE DEPARTMENT</u> | | 17. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | 18. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 19. FATHER'S NAME <u>GEORGE MANESS</u> | | 20. MOTHER'S MAIDEN NAME <u>PERILEE KIRKPATRICK</u> | | 21. NAME OF HUSBAND OR WIFE <u>LILLIE BELL MANESS</u> | | | |
| 22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 23. SOCIAL SECURITY NO. _____ | | 24. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILLIE BELL MANESS WEBB CITY MO</u> | | | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> | | | | <u>few months</u> | | | |
| *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| ANTECEDENT CAUSES | | | | III. OTHER SIGNIFICANT CONDITIONS | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| DUE TO (b) _____ | | | | DUE TO (c) _____ | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4341 | |
| 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. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>2-6</u> , 19 <u>56</u> , to <u>3-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-30-56</u> , 19 <u>56</u> , and that death occurred at <u>8:30 AM</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS (Degree or title) <u>Dr. Carterville, Mo</u> | | 23c. DATE SIGNED <u>3-31-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>4-2-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u> | |
| DATE REC'D BY LOCAL REG. <u>4-1-56</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u> | | ADDRESS <u>WEBB CITY, MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

474

RECEIVED APR 11 1956
Jasper County Health Office

County File Number 64-312
Date Filed APR 9 1956

APR 11 1956

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City

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.