

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13396  
State File No.1550  
Registrar's No.

|  |  |   |   |  |  |  |                                |  |  |
|--|--|---|---|--|--|--|--------------------------------|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>1550</u>  |                                |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |  |                                |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>  |  | c. LENGTH OF STAY (in this place) <u>11 yrs.</u>  |   | c. CITY OR TOWN <u>Kansas City North</u>   |  | d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4110 Antioch Road</u>   |  |   |   | e. STREET ADDRESS (If rural, give location) <u>106 4110 Antioch Road</u>   |  |  |                                |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>RAY</u> c. (Last) <u>MANSFIELD</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>April-8-1956</u> |  |  |  |                                |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>Aug-19-1931</u>  |                                |  |  |
| 9. AGE (in years last birthday) <u>24</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Repairman</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail transportation</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Highland Missouri</u>  |                                |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and State or Foreign Country)   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                                |  |  |
| 13a. FATHER'S NAME <u>Earl Mansfield</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schambach</u>      |  |  | 14. NAME OF HUSBAND OR WIFE <u>Edna Mansfield</u>  |                                |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. (If no, give war or dates of service) <u>494-30-6162</u>                                |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Mansfield 4110 Antioch Rd.</u>   |  |  |                                |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  |  |                                | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  |   |   | DUE TO (b) <u>Rheumyoid heart disease</u>  |  |  |                                | <u>30-45 min</u>   |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |   |   | DUE TO (c) <u>Aspatemin, Arteriosclerosis</u>  |  |  |                                | <u>10-15 yr</u>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |   |  |  |  |                                | <u>10 yrs.</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) (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>12-3</u> , 19 <u>57</u> , to <u>4-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>56</u> , and that death occurred at <u>9 AM</u> m., from the causes and on the date, stated above. |  |   |   |  |  |  |                                |  |  |
| 23a. SIGNATURE <u>Melvin Langhans</u> (Degree or title) <u>M.D.</u>  |  |   |   | 23b. ADDRESS <u>No Kansas City Mo</u>  |  |  | 23c. DATE SIGNED <u>4-9-56</u> |  |  |
| 24a. DATE REC'D BY LOCAL REG. <u>4-10-56</u>   |  | 24b. DATE <u>April-10-1956</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Highland, Missouri</u>  |                                |  |  |
| 25. REGISTRAR'S SIGNATURE <u>Heva Marshall</u>   |  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. J. Blackman &amp; Son Inc.</u>  |  |  |                                |  |  |

(Licensed Embalmer's Statement on Reverse Side)

H. C. 776.

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

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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 *Bert B. Bennett*.....

Licensed Embalmer No. *4656*.....

P. O. Address *A. C. Mo*.....

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.