No. 300
10.48

FILED JUN 7 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18280

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5089

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Patoci
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 804 N. Missouri 1100 1

**3. NAME OF DECEASED** (Type or Print): a. (First) Charles b. (Middle) Harold c. (Last) Manes

**4. DATE OF DEATH** (Month) May (Day) 22 (Year) 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 31. 1887
**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Minister
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Swedeborg Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John A. Manes
**13b. MOTHER'S MAIDEN NAME**: Mary A. Green
**14. NAME OF HUSBAND OR WIFE**: Nellie Manes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Nellie Manes — ADDRESS: Patoci Mo.

**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): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES — Hodgkin's disease

*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 — Pulmonary embolus

*Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Embolus

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 201x
**20. AUTOPSY?** YES ☑ NO ☐

**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) 5-22-56 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 5-7-56 5-22-56

22. *I hereby certify that I attended the deceased from* May 7, 1956, *to* May 22, 1956, *that I last saw the deceased alive on* May 22, 1956, *and that death occurred at* 1-10 P. m., *from the causes and on the date stated above.* 5-25-56

**23a. SIGNATURE** Jas. H. Hutchinson (Degree or title) James H. Hutchinson Jr. MD M.D.
**23b. ADDRESS** 114 N. Taylor St. Louis
**23c. DATE SIGNED** 5/25/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-25-56
**24c. NAME OF CEMETERY OR CREMATORY**: Masonic Cemetery
**24d. LOCATION** (City, town, or county) (State): Patoci Mo.

**DATE REC'D BY LOCAL REG.**: MAY 28 1956
**REGISTRAR'S SIGNATURE**: J. Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mrs. Luther Sparks — ADDRESS: Patoci Mo.

MJB

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1961

MAR 15 1961

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4256

P. O. Address .....

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