

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20940

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (In this place) 70 YRS	c. CITY OR TOWN WEBB CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		e. STREET ADDRESS (If rural, give location) 35 SOUTH TOM ST	

3. NAME OF DECEASED a. (First) LILLIE	b. (Middle) BELL	c. (Last) MANESS	4. DATE OF DEATH (Month) JUNE (Day) 18 (Year) 1956
---	-------------------------	-------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEBRUARY 4 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 14	IF UNDER 1 HRS. Hours Min.
-------------------------	----------------------------------	--	--	--	------------------------------------	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) BUFFALO MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	---	---	--

13a. FATHER'S NAME JAMES PIERCE	13b. MOTHER'S MAIDEN NAME MARTHA RICHARDSON	14. NAME OF HUSBAND OR WIFE WALTER MANESS (DECEASED)
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHARLES MORSE	ADDRESS WEBB CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Arterio-sclerosis DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Myocarditis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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 3-8-56, 1956, to 6-18-56, 1956, that I last saw the deceased alive on 6-17-56, 1956, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE <i>J.M. Conner</i>	(Degree or title) D.O.	23b. ADDRESS Carterville, Mo	23c. DATE SIGNED 6-18-56
--------------------------------------	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/20/1956	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY MO
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 6-25-56	REGISTRAR'S SIGNATURE <i>John Lewis (Lic)</i>	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

774

County File Number 56-7-536
Date Filed JUL 7 1956
County Office

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 Lau*.....
Licensed Embalmer No. *111 D*

P. O. Address *Webb Co*.....

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