Health, Welfare Public Service

300
1-56

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21654
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN RURAL ST. FRANCOIS — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MINERAL AREA OSTEO. HOSP — Length of stay in Ib 3DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY IRON
c. CITY OR TOWN IRON MOUNTAIN 0470 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR Middle Last MANN
4. DATE OF DEATH Month JUNE Day 2 Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-2-1887
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 10 Days 0 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leslie H. Mann
14. MOTHER'S MAIDEN NAME Frane M. O'Neill
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. 487-20-5181
17. INFORMANT Dollie Adella Mann Address Iron Mountain, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute circulatory failure — 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated cor pulmonale (Congestive failure) — 8 days
DUE TO (c) Chronic emphysema — 8-10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pneumothorax, left, (Therapeutic) 11 years ago in treatment of pulmonary tuberculosis.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5271
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1955 to 6-2-56 and last saw her/him alive on 6-2-56
Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Mendigate (Degree or title) D. O.
22b. ADDRESS Bismarck, Missouri
22c. DATE SIGNED 6-3-55

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 4, 1956
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) 5200 Lucas-Hunt Road, Normandy 20, Mo.

24. FUNERAL DIRECTOR J.B.Smith Funeral Home, 7456 Manchester, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG. 6-3-56
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul K Dugal.....

Licensed Embalmer No. 412

P. O. Address Farmyth

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