

FILED AUG 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 27Primary Registration District No. 3005Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler		207 1/2	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 W. Harrison			Length of stay in lb 10 yrs.	d. STREET ADDRESS 509 W. Harrison			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				First Washington	Middle Davis	Last Mann	4. DATE OF DEATH Month 8 Day 10 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1909		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Contractor			10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Washington Davis Mann				14. MOTHER'S MAIDEN NAME Elizabeth Odell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.	17. INFORMANT Charlotte Mann Butler, Mo.			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Occlusion							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral due to							
DUE TO (c) Myocarditis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				4201
20c. TIME OF INJURY Hour 6:00 Month Aug Day 10 Year 1956 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Butler		COUNTY Bates	STATE Mo.
21. I attended the deceased from Aug 20 '55 to Aug 10 '56 and last saw her alive on Aug 6 - '56 Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wesley A. Lusk Jr			Degree or title: MD	22b. ADDRESS 2426 E. Bk. Blvd. Butler, Mo		22c. DATE SIGNED 8/11/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-56	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Mo			
24. FUNERAL DIRECTOR Butler-Underwood			ADDRESS Butler, Mo	25. DATE RECD. BY LOCAL REG. Aug. 11-1956	26. REGISTRAR'S SIGNATURE Rendall Kelsey		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public
Service

S. 300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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AUG 21 7 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 *Robert G. Stenbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler*

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.