

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NO.

29905

FILED OCT 1 - 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1048

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR General Osteopathic INSTITUTION Hospital			Length of stay in 1b 60 yrs	d. STREET ADDRESS (If outside, give location) 1105 Lincoln St.,	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EDWARD FREDERICK MANVILLE			4. DATE OF DEATH Month Day Year Sept. 22 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1873	9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dock worker		10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery	11. BIRTHPLACE (City and state or country) Wathena Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Manville			14. MOTHER'S MAIDEN NAME Wilhelemia Unk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-09-8938	17. INFORMANT Mrs. Helen Kiger Garden Grove, Calif.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism					INTERVAL BETWEEN ONSET AND DEATH 2 med.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Gangrene R. Foot					2 Mo.
DUE TO (c) Bergers Disease ✓ 453.1					5 Mo.
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May -56 to Sept 22-56 and last saw her alive on 9-22-56 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. L. Steidley (Degree or title)			22b. ADDRESS 801 1/2 Francis St., City		22c. DATE SIGNED 9-25-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-24-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Stoney Funeral Home		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept 28, 1956	26. REGISTRAR'S SIGNATURE Kathleen M. Allison

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Charles E. Bennett*

Licensed Embalmer No. *7167*

P. O. Address *St. Joseph*

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.