THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

STATE FILE NUMBER 35039

Registration District No. 280 Primary Registration District No. 4419 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DEARBORN (Incor.) — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

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

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: J. Last: MANVILLE

4. DATE OF DEATH: Month: OCT. Day: 22 Year: 1956

5. SEX: MALE 6. COLOR OR RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: DEC. 8, 1871 9. AGE (In years last birthday): 85 IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (City and state or country): BUCHANAN CO. MO. 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: HENRY MANVILLE 14. MOTHER'S MAIDEN NAME: JANE STANLEY

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: RUPERT MANVILLE Address: DEARBORN, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Lobar — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Transverse Myelitis — 73 days
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 343x

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.)

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 Sept 30th to Oct 22-56 and last saw him alive on 10-22-56
Death occurred at 6:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. L. Burham (Degree or title) MD 22b. ADDRESS: Dearborn Mo 22c. DATE SIGNED: 10-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 23b. DATE: OCT. 24-56 23c. NAME OF CEMETERY OR CREMATORY: DEARBORN CEM. 23d. LOCATION (City, town, or county): DEARBORN (State): MO

24. FUNERAL DIRECTOR: VAUGHN-AUFRANC ADDRESS: DEARBORN, MO 25. DATE RECD. BY LOCAL REG.: Oct 23-56 26. REGISTRAR'S SIGNATURE: Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. 4.0

P. O. Address Weston,

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