

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35186**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 365

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Francois Twp.</b>		c. LENGTH OF STAY (in this place) <b>9y, 5m, 7d.</b>		c. CITY OR TOWN <b>Salem</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Hospital #4</b>				e. STREET ADDRESS (If rural, give location) <b>Route 2</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENOX</b>			b. (Middle)		c. (Last) <b>MANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>June 21, 1889</b>		9. AGE (in years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>16</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Salem, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Wm. Mann</b>				13b. MOTHER'S MAIDEN NAME <b>Matilda Cannon</b>				14. NAME OF HUSBAND OR WIFE <b>Anna Margaret Haas</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Records, State Hosp. #4, Farmington, Mo.</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)													
<b>MEDICAL CERTIFICATION</b>													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage - - - - -</b>										INTERVAL BETWEEN ONSET AND DEATH <b>5 das.</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										DUE TO (b) <b>Cerebral arteriosclerosis - - - - -</b> <b>Unknown</b>			
DUE TO (c)													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>331x</b>								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 <b>Nov. 7, 1955</b> , to <b>Oct. 7, 1956</b> , that I last saw the deceased alive on <b>Oct. 7, 1956</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <i>John A. Brennan</i>						23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>			23c. DATE SIGNED <b>10-7-56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)						
<b>Burial</b>		<b>Oct. 10, 1956</b>		<b>Carty Cemetery</b>			<b>Dent County, Mo.</b>						
DATE REC'D BY LOCAL REG. <b>10-7-56</b>		REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Spencer Funeral Home, Salem, Missouri</b>							

**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 *Paul K. Dugal*.....

Licensed Embalmer No. *4120*.....

P. O. Address *Freemington*.....

- 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.