

STANDARD CERTIFICATE OF DEATH

State File No. **38980**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 44 yrs	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 Bothwell Hospital		e. STREET ADDRESS (If rural, give location) 1409 So. Prospect	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) CLARENCE c. (Last) MANESS			4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 24 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Refinisher		10b. KIND OF BUSINESS OR INDUSTRY Furniture & Shoe		11. BIRTH PLACE (City and State or Foreign Country) Morgan Co. Mo	
13a. FATHER'S NAME Joseph Maness			13b. MOTHER'S MAIDEN NAME Lydia Steele		14. NAME OF HUSBAND OR WIFE Dollie Maness

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs Dollie Maness		ADDRESS Sedalia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.				24 hrs.
*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) Cerebral Hemorrhage- Third with Right Hemiplegia. Nov. 25th, Uremia. Same time. 1956.		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		Arterio-Sclerosis- Advanced 5 yrs.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical care only.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	331x No.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	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 **over 3 yrs 19**, to **Dec. 2nd, 1956**, that I last saw the deceased alive on **Dec. 2nd, 1956** and that death occurred at **8.20 AM** from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title) No. B. Carlisle M.D.	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED Dec. 3rd, 1956.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 12-4-56	REGISTRAR'S SIGNATURE Paulina Coonts Dept	25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros	ADDRESS Sedalia
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DEC 11 1958

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..... *K.P.M. Csary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.