

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39032**

FILED DEC 4 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>4415</b>		Registrar's No. <b>164</b>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarksville</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Clarksville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD.# 2</b>				F. STREET ADDRESS (If rural, give location) <b>RFD.#2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Mannahan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept. 1, 1944</b>	
9. AGE (In years last birthday) <b>12</b>		10. IF UNDER 1 YEAR Months <b>2</b>		11. IF UNDER 24 HRS. Hours <b>13</b>			
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clarksville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Euell Mannahan</b>			13b. MOTHER'S MAIDEN NAME <b>Beatrice Bradshaw</b>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Euell Mannahan, Clarksville,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in left chest</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9190</b>				INTERVIEW BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>accident</b> BURNED HOMICIDE SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Clarksville</b> (COUNTY) <b>Pike</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY <b>Nov 14 1956 7:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>accidentally shot by brother</b>			
22. I hereby certify that I attended the deceased from <b>7:30 AM</b> to <b>8:30 AM</b> , 19 <b>56</b> , that I last saw the deceased <b>alive on Nov 14, 1956</b> , and that death occurred at <b>7:30 AM</b> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) of <b>J. B. Mudd Coroner</b>		23b. ADDRESS <b>Bowling Green, Mo.</b>	
23c. DATE SIGNED <b>Nov 15-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/16/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Clarksville, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>George O. Nugent</b>		ADDRESS <b>Louisiana, Mo.</b>			

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

79

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 *George O. Wagner*.....

Licensed Embalmer No. *3713*

P. O. Address *Louisiana*.....

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.