

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4208

STATE FILE NUMBER

FILED MAR 8 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Malden</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Hosp.</u> Length of stay in lb <u>5 Days</u>		d. STREET ADDRESS (If outside, give location) <u>Cotton Hill Twp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>T.</u> Middle <u>WALTER</u> Last <u>MANSFIELD</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>22</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 24 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>28</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public Works (Night Watchman)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Works (Night Watchman)</u>		11. BIRTHPLACE (City and state or country) <u>Lutesville, Missouri</u>	
13. FATHER'S NAME <u>Walter Mansfield</u>			14. MOTHER'S MAIDEN NAME <u>Emma Stam</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>550-16-5822</u>		17. INFORMANT <u>Lula Mansfield</u> Address <u>Malden, Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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.) <u>2</u>	
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 <u>Kennett, MO</u>

21. I attended the deceased from <u>Jan 15 1957</u> and last saw her alive on <u>Feb 22 57</u> Death occurred at <u>6:00 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>	22b. ADDRESS <u>Kennett, MO</u>	22c. DATE SIGNED <u>2/26/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 24 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead Cemtery</u>	23d. LOCATION (City, town, or county) (State) <u>Clarkton Missouri</u>
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24. FUNERAL DIRECTOR <u>Landess Funeral Home Campbell, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-27-1957</u>	26. REGISTRAR'S SIGNATURE <u>Carl H. Haskins</u>
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(Licensed Embalmer's Statement on Reverse Side)

path, Welfare public service
 000-56
 Doctor, coroner, etc. must use only standard nomenclature in item 10 - no symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 770

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-4-57

COUNTY FILE NUMBER 357-6

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 *Christina M. Landess*

Licensed Embalmer No. 4

P. O. Address *Camp*

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.