

S. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12205
STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 415

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Kansas		b. COUNTY Nemaha	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Onéida		8150 S Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Metho. Hospital				Length of stay in 1b 3 days		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First JOHN		Middle HENRY		Last MANN		Month APRIL Day 1 Year 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 27, 1882	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 4		IF UNDER 24 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired, Railroad	
10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Otio Mann	
13. FATHER'S NAME Otio Mann		14. MOTHER'S MAIDEN NAME Jennie Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 708-14-1477	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 708-14-1477		17. INFORMANT Maxine McAteer, Los Angeles, Calif.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-Intestinal hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 5-7 days	
DUE TO (b) Duodenal ulcer						?	
DUE TO (c) 5410							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Arteriosclerotic heart disease with old myocardial infarction and congestive heart failure						/	
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.)				
20c. TIME OF INJURY Hour 9:35 p. Month Mar Day 29 Year 1957			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 St. Joseph		COUNTY Nemaha STATE Kansas		
21. I attended the deceased from Mar 29, 1957 to Apr 1, 1957 and last saw him alive on Apr 1, 1957 Death occurred at 9:35 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Barry C. Harman, M.D.				22b. ADDRESS Phy & Surg Bldg., Mo.		22c. DATE SIGNED 4-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Apr 2, 1957		23c. NAME OF CEMETERY OR CREMATORY Onéida Cemetery		23d. LOCATION (City, town, or county) (State) Sabetha, Kansas	
24. FUNERAL DIRECTOR Barry-Harman, St. Joseph, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. April 17, 1957	
24. FUNERAL DIRECTOR Barry-Harman, St. Joseph, Mo.				ADDRESS		26. REGISTRAR'S SIGNATURE Cathleen M. Allison	

APR 23 1957

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 *Charles M. Harmon*

Licensed Embalmer No. 4487

P. O. Address Wathena, K

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.