

FILED APR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14258

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Waynesville, Mo.</u>		0850 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Way. General Hosp.			Length of stay in 1b INSTITUTION <u>10 Hrs</u>		d. STREET ADDRESS <u>Rural Rt. # 3</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>L.D.</u> Last <u>Manes.</u>				4. DATE OF DEATH Month <u>4</u> Day <u>7</u> Year <u>1957</u>						
5. SEX <u>Male</u> <input type="checkbox"/>	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>June 16, 1880</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and state or country) <u>State of Washington.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Newton Manes.</u>				14. MOTHER'S MAIDEN NAME <u>Emiline Camel</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT <u>Manes.</u> <u>Henry Dixon, Missouri</u>				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) <u>Respiratory failure.</u>							INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>Congestive heart failure</u>			
							DUE TO (c) <u>Hypertension</u>			
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"/> <u>2</u>			
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>		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		COUNTY		STATE
21. I attended the deceased from <u>4-6-57</u> to <u>4-7-57</u> and last saw her <u>alive</u> on <u>4-7-57</u> Death occurred at <u>8:10</u> <u>p</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Paul D. Surphes, M.D.</u> (Degree or title)				22b. ADDRESS <u>Waynesville, Missouri</u>				22c. DATE SIGNED <u>4/9/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/11/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>		23d. LOCATION (City, town, or county) <u>Swedeberg, Mo Rural</u>		(State)		
24. FUNERAL HOME ADDRESS <u>Hedges Funeral Home, Waynesville, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>4-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Paul D. Surphes</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-13-57
Pulaski County Health Officer
File Number 40
Date Filed 4-10-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clarence Thomas*

Licensed Embalmer No.
P. O. Address *Wayne*

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.