

FILED MAY 17 1957

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

'57 0 17 5 87
State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>424 E. McKinney St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES EDWARD</u> b. (Middle) _____ c. (Last) <u>MANESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 25, 1890</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEDICAL DOCTOR GENERAL PRACTICE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>			
13a. FATHER'S NAME <u>CHRISTOPHER MANESS</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET CULP</u>	
14. NAME OF HUSBAND OR WIFE <u>LAURA STEWART MANESS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LAURA MANESS</u>		ADDRESS <u>NEOSHO MO.</u>	
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) <u>Acute Aleukemic Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>2043</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>4/19</u> , 19 <u>57</u> , to <u>5/2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/2</u> , 19 <u>57</u> , and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bart F. Woodruff M.D.</u>		23b. ADDRESS <u>Joplin, Mo.</u>	
23c. DATE SIGNED <u>5/9/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-6-1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-10-57</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Neosho Mo.</u>	

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

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MAY 20 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..... *Cosley Thompson*
Licensed Embalmer No. 486

P. O. Address *Neosho, Mo.*

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.