

STANDARD CERTIFICATE OF DEATH

'57 0 27 485
STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 38 Primary Registration District No. 8006 Registrar's No. 309

V. S. 300
Rev. 1-57 0

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ocala</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Manning</u> Last <u>Manning</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>25</u> Year <u>57</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>5-12 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Washington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Crump</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Manning</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT Address <u>Hospital Records</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>upper 9-12 hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gastric ulcer, multiple.</u> DUE TO (c) <u>Myelogenous Leukemia - Cirrhosis of Liver</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2041</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>8:58</u> Month <u>Aug</u> Day <u>25</u> Year <u>1957</u> a.m. <u>8:58</u> p.m.	20d. INJURY OCCURRED WHILE AT <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>Ocala</u>	COUNTY <u>Mo.</u> STATE <u>Mo.</u>

21: I attended the deceased from Aug 25 1957 to Aug 25 1957 and last saw ^{her}him alive on Aug 25 1957
Death occurred at 8:58 Aug 25 1957 in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. M. Mart</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Univ. of Mo. Med. Ctr.</u>	22c. DATE SIGNED <u>8-26-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-26-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ocala</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Parker Funeral Service</u>	ADDRESS <u>Columbia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 26 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MS
SEP 2 1960

MS
SEP 1 1960

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 

Licensed Embalmer No. 5010.....
P. O. Address Columbia, MD.....

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.