

FILED OCT 14 1957

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 991

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| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SMITHVILLE</u> 0 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>GLADSTONE</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITHVILLE COMMUNITY HOSP.</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>R.R. 12</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Edythe</u> Middle <u>B.</u> Last <u>McManus</u> | | | 4. DATE OF DEATH Month <u>SEPT.</u> Day <u>28</u> Year <u>1957</u> | | | |
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| 5. SEX <u>FEMALE</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>DEC. 29-1899</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u> | 11. BIRTHPLACE (City and state or country) <u>LIBERTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>CHARLES PEBLY</u> | 13b. MOTHER'S MAIDEN NAME <u>MOLLY UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>DAVID A. McMANUS</u> |
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| 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>NONE</u> | 17. INFORMANT <u>MR. DAVID A. McMANUS</u> Address <u>R.R. 12 K.C. MO.</u> |
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| 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>Pulmonary Edema</u> DUE TO (b) <u>Aortic Stenosis</u> DUE TO (c) <u>Rheumatic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs</u> <u>20 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gastrointestinal Bleeding</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) _____ |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 20e. CITY, TOWN, OR LOCATION _____ | COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <u>Sept 9, 1955</u> to <u>Sept 28, 1957</u> and last saw her alive on <u>Sept 28, 1957</u> Death occurred at <u>300 P</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>David R. Chiles M.D.</u> (Degree of wife) | 22b. ADDRESS <u>Smithville, Mo</u> | 22c. DATE SIGNED <u>9/28/57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | 23b. DATE <u>SEPT-30-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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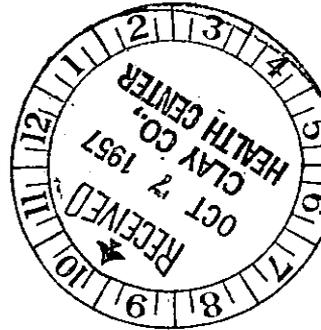
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| 24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK K.C. MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>9-30-57</u> | 26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57



APR 2 1958

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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32 NC*

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.