

Health,  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

42

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31895

FILED OCT 1 1957

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Miller Township rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So. of Albany</u>			Length of stay in lb <u>lifetime</u>		d. STREET ADDRESS (If outside, give location) <u>So. of Albany</u>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Nadine</u> Last <u>Manring</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Jan. 10, 1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>McFall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Dr. C.O. Patton</u>			14. MOTHER'S MAIDEN NAME <u>Lucy M. Mitchell</u>		
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.		17. INFORMANT Address <u>Mr. H.H. Manring McFall Mo.</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>Myocardial Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Myocarditis (Acromegaly 4 years)</u>					<u>10 years</u>
DUE TO (c) <u>Arteriosclerosis + art. hypertension</u>					<u>15 "</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>					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, Day, Year 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 <u>Albany Gentry Mo</u>	
21. I attended the deceased from <u>1930</u> to <u>9-19-57</u> and last saw her <u>him</u> alive on <u>9-18-57</u> Death occurred at <u>8:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>			22b. ADDRESS <u>Albany, Mo</u>		22c. DATE SIGNED <u>9-20-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>McFall, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Mo. L. W. Bare</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifford Brooks  
Licensed Embalmer No. 33

P. O. Address Albany, N. Y.

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.