

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1957

31459 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 919

300 0 1-57

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. FULL NAME OF INSTITUTION St. John's 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Greene c. CITY Springfield d. STREET ADDRESS 2815 N. Fort 3. NAME OF DECEASED KATIE ALICE MANUEL 4. DATE OF DEATH Sept. 21, 1957 5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 14, 1890 9. AGE 66 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE Gallatin, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME Henry McQuurray 13b. MOTHER'S MAIDEN NAME Jane Love 14. NAME OF HUSBAND OR WIFE Henry Manuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? no 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Henry Manuel Address Springfield, Missouri 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably Coronary Occlusion Cardiovascular Disease DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Hypertension 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. Date of death Sept 21, 1957 Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE James R. Amos Health Officer 22b. ADDRESS Greene Co., Springfield, Mo. 22c. DATE SIGNED 9/26/57 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 25, 1957 23c. NAME OF CEMETERY OR CREMATORY Greenlawn 23d. LOCATION (City, town, or county) Springfield Missouri 24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 9-25-57 26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

UNATTENDED BY A PHYSICIAN 4201

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 *W. Mason*

Licensed Embalmer No. 4568
P. O. Address Springfield, 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.