V.S. No. 300
Rev. 10.48

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39820
State File No.

BIRTH NO. REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Campbell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baptist Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dexter
d. STREET ADDRESS (If rural, give location) 103/0

3. NAME OF DECEASED (Type or Print)
a. (First) Marshal
b. (Middle) Lee
c. (Last) Manion

4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 28, 1873
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Benton, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME J. K. Manion
13b. MOTHER'S MAIDEN NAME Kirk
14. NAME OF HUSBAND OR WIFE Mary E. Manion (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. E. Cotton, ADDRESS Malden, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis - Acute Failure — 3 days
DUE TO (c) Arteriosclerotic C.V. Disease — 2+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Undiagnosed Cerebral Condition — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/13/55, 19__, *to* 11/7, 1957, *that I last saw the deceased alive on* 11/7, 1957, *and that death occurred at* 8:45 A. *from the causes and on the date stated above.*

23a. SIGNATURE Wallace A Bilsey MD (Degree or title)
23b. ADDRESS Campbell Mo
23c. DATE SIGNED 11/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-10-57
24c. NAME OF CEMETERY OR CREMATORY Sycamore
24d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.

DATE REC'D BY LOCAL REG. 11-12-57
REGISTRAR'S SIGNATURE Mrs Beulah Dunlap
25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-18-57
COUNTY FILE NUMBER 1157-285

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 _____
Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berne, Ind.

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 this body is not embalmed, fact should be so stated above.