

FILED DEC 3 1957

STANDARD CERTIFICATE OF DEATH

43208

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY SHELBY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SHELBYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb 20 YRS	d. STREET ADDRESS (If outside, give location) SHELBYVILLE MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First G Middle FORGE Last MANGOLD			4. DATE OF DEATH Month NOV Day 18 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 27, 1899		9. AGE (In years last birthday) 9 Y
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) BETHEL MO	
12. CITIZEN OF WHAT COUNTRY? US			13. FATHER'S NAME GEORGE HENRY MANGOLD		
14. MOTHER'S MAIDEN NAME MARGARET WEIR			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address RUBY THOMAS SHELBYVILLE MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis					INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			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, Month, Day, Year a. m. p. m.		
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	
21. I attended the deceased from Dec 26 1947 , to Nov 18-57 and last saw ^{him} alive on Nov 14-1957 . Death occurred at: about 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. Garrison M.D.			22b. ADDRESS Shelbyville - MO		22c. DATE SIGNED 11-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-20-57	23c. NAME OF CEMETERY OR CREMATORY TOOF CEMETERY		23d. LOCATION (City, town, or county) (State) SHELBYVILLE MO
24. FUNERAL DIRECTOR THOMPSON-GREENING		ADDRESS SHELBYVILLE MO		25. DATE RECD. BY LOCAL REG. 11-22-57	26. REGISTRAR'S SIGNATURE Ada Garrison

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 *Charles V. Green*

Licensed Embalmer No. *462*

P. O. Address *Clarence*

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.