

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

90207-57

State File No. **43542**

FILED DEC 30 1957

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1386

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Gentry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 1 day

c. CITY OR TOWN Albany d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp. e. STREET ADDRESS (If rural, give location) 2380

3. NAME OF DECEASED a. (First) Dale b. (Middle) Leroy c. (Last) Manion 4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH (last birthday) December 14, 1957 9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. 3 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Manion 13b. MOTHER'S MAIDEN NAME Dorothy I. Gamblin 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mr. W. H. Manion, Albany, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalostasis INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs

ANTECEDENT CAUSES DUE TO (b) _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7700 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) 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 12-14-57, to 12-14-57, that I last saw the deceased alive on 12-14-57, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE H. S. Petersen M.D. (Degree or title) 23b. ADDRESS St. Joseph Mo. 23c. DATE SIGNED 12-14-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12/16/1957 24c. NAME OF CEMETERY OR CREMATORY Knox Cemetery 24d. LOCATION (City, town, or county) (State) Albany, Missouri

DATE REC'D BY LOCAL REG. 12-17-57 REGISTRAR'S SIGNATURE Mrs. Robert Fulton 25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD BIRTH # 2186

3480

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..... *James P. Hawkins*

Licensed Embalmer No. *4536*

P. O. Address *319 So 104 St*

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.