

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **43949**

FILED DEC 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **175**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Dunklin</b>	b. CITY OR TOWN <b>Kennett</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Dunklin</b>
c. LENGTH OF STAY in this place <b>3 1/2 Days</b>		c. CITY OR TOWN <b>Hornersville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial</b>		e. STREET ADDRESS (If rural, give location) <b>Gen. Del. 0350</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>F.</b>	c. (Last) <b>MANSFIELD</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<b>Dec. 4<sup>th</sup> 1957</b>
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday)
<b>Male</b>	<b>White</b>	<b>DIVORCED</b>	<b>May 16 - 1893</b>	<b>64</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work during most of working life, even if retired)	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country)	<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>Farming</b>	<b>Farm</b>	<b>ARKANSAS</b>	<b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b>	<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>Squire Mansfield</b>	<b>Susie Gage</b>	<b>Zelma Sackett</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Zelma Sackett Hornersville Mo</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute congestive heart failure</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
	ANTECEDENT CAUSES <b>Wronchiectosis</b>		
	DUE TO (b) <b>Wronchiectosis</b> DUE TO (c) <b>Asian influenza</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<b>481X</b>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 3/20, 1955, to 12/4, 1957, that I last saw the deceased alive on 12/4, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>R J Poluske MD</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>Hornersville, Mo</b>	<b>23c. DATE SIGNED</b> <b>12/5/57</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>12-6-1957</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Hornee Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hornersville, Mo.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>12-11-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Coak Husband</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>EMERSONSON - Jonesboro, Ark</b>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 12-16-57  
COUNTY FILE NUMBER 1257-308

**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 *Tom T. Emerson*  
Licensed Embalmer No. 895  
P. O. Address Jonesboro, Ga

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.