

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2550

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #		c. CITY OR TOWN <b>Farmington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS <b>Rural Route # 2</b>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Jefferson</b> Last <b>Mann</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>4,</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 31, 1898</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operating Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Heavy Machinery</b>	11. BIRTHPLACE (City and state or country) <b>Dent Co, Missouri</b>		12. COUNTRY OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>William Mann</b>				14. MOTHER'S MAIDEN NAME <b>Eliza Estes</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-18-8522</b>		17. INFORMANT Address <b>Mrs. Ella Mann Farmington, Missouri.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Two gunshot wounds in head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coroner Jury Verdict: as the result of two</b> DUE TO (c) <b>gun wounds in the head by the hands of</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Two years of weight.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>981X</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Two wounds in head from 38 caliber</b>						
20c. TIME OF INJURY Hour <b>11</b> a. m. <b>2/4/58</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <b>County Road</b>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>St. Francois, MO.</b>		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Bert J. Miller</b> (Degree or title) <b>Coroner</b>			22b. ADDRESS <b>Farmington, MO</b>		22c. DATE SIGNED <b>2/6/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fredricktown, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Miller Funeral Home Farmington, Mo.</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb. 6, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		

SEP 19 1958

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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 Paul K. Dugal

Licensed Embalmer No. 412

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.