FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006818
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3066 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 622 S. 4th St. — Length of stay in Ib 17 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly 0883 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 622 S. 4th Street — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: RUSSELL Middle: E. Last: MANSFIELD

4. DATE OF DEATH Month: Feb. Day: 24 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March-2-1900

9. AGE (In years last birthday) 57

IF UNDER 1 YEAR OF UNDER 24 HRS. Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Night Clerk

10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.

11. BIRTHPLACE (City and state or country) Clifton Hill Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James M. Mansfield

14. MOTHER'S MAIDEN NAME Effie Matlock

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. 702-05-0818

17. INFORMANT Gerald Mansfield Address Centralia Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Was dead upon arrival of Doctor
DUE TO (b) had been suffering from flu
DUE TO (c) and chest pains for several days — died within few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
apparently natural causes

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

48 IX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____ to _____ and last saw her/him alive on _____
Death occurred at 12:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leal H. Lowe (Degree or title) Registrar

22b. ADDRESS Moberly Mo.

22c. DATE SIGNED 2-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 26-1958

23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

23d. LOCATION (City, town, or county) (State) Moberly Mo.

24. FUNERAL DIRECTOR Eder Funeral Home ADDRESS Moberly Mo.

25. DATE RECD. BY LOCAL REG. 2-25-58

26. REGISTRAR'S SIGNATURE Leal H. Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 18 1958

MAR 13 1958

MAR 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerry R. Cater

Licensed Embalmer No 4906

P. O. Address Moberly

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.