

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017954

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 137 Primary Registration District No. 5505 Registrar's No. 813

300
1-57

470
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1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bogard twp</u>		c. CITY OR TOWN <u>Long Beach 8040</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles W Urish Mo Highway 35</u>		d. STREET ADDRESS (If outside, give location) <u>6250 Fairbrook</u>	

3. NAME OF DECEASED (Type or print): First Middle Last <u>JAMES RICHARD MANSON</u>			4. DATE OF DEATH Month Day Year <u>May 31 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 9, 1928</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months Days <u>10 22</u>	IF UNDER 24 HRS. Hours Min. <u>- -</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if dead)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
<u>Dispatcher for Shell oil Co.</u>	<u>none</u>	<u>Detroit Mich 1</u>	<u>USA</u>

13a. FATHER'S NAME <u>Nick Manson</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita Rose Manson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u>	16. SOCIAL SECURITY NO. <u>308-24-8059</u>	17. INFORMANT Address <u>Juanita R Manson Long Beach Calif</u>
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CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
IMMEDIATE CAUSE (a) <u>Skull fracture - multiple</u>		
DUE TO (b) <u>Automobile Accident.</u>		
DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input checked="" 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.) <u>Head-on Auto accident 2 miles west</u>
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20c. TIME OF INJURY <u>2:20 p.m.</u>	Month, Day, Year <u>5-31-1958</u>	20d. INJURY OCCURRED WHILE AT <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.) <u>Highway 35 (2 miles W Urish, Mo)</u>	20f. CITY, TOWN, OR LOCATION <u>Urish, Henry, Mo.</u>	COUNTY <u>042</u> STATE <u>Mo.</u>
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21. I attended the deceased from <u>D. O. A.</u> to _____ and last saw her alive on <u>5-31-58</u> Death occurred at <u>approx 2:00 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>W.D. Bradshaw, MD (Coroner)</u>	22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>5-31-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 2 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Delroy Mortuary</u>	23d. LOCATION (City, town, or county) (State) <u>Long Beach Calif.</u>
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24. FUNERAL DIRECTOR <u>SCHABERG FUNERAL HOME</u>	25. DATE RECD. BY LOCAL REG. <u>6-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by REP/SG
affidavit 6/26/58

CLINTON, MO

JAN 28 1959

JUN 11 1958

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 F. L. Schaberg

Licensed Embalmer No. 4513
P. O. Address Clinton M

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.