Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029349
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 356

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN INDEPENDENCE Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 1337 No. Liberty Length of stay in 1b 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS 1337 No. Liberty (If outside, give location) Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: John Middle: Wallace Last: Mann
4. DATE OF DEATH Month: August Day: 22 Year: 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec. 8, 1876
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Harrison County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard O. Mann
13b. MOTHER'S MAIDEN NAME Martha Oliver
14. NAME OF ~~HUSBAND~~ OR WIFE Mary Indep. Mo.
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. 496-32-5693
17. INFORMANT Mary Mann Address 1337 No. Liberty

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) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Recurrent Myocardial Decompensation (? Years)
DUE TO (c) Rheumatic Heart Disease ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 10-8-55, to 8-22-58 and last saw ~~him~~ him alive on 8-22-58
Death occurred at 11:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maynard L. Whitstone M.D. (Degree or title)
22b. ADDRESS Independence, Mo
22c. DATE SIGNED 8-23-58

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
23b. DATE Aug 25, 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Mound Grove
23d. LOCATION (City, town, or county) Independence (State) Mo.

24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 8-24-58
26. REGISTRAR'S SIGNATURE James D. Gray

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep Mo

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.