

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032848

STATE FILE NUMBER

4135

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4135

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		Length of stay in lb <b>30 Yrs.</b>	
d. STREET ADDRESS <b>5401 Forest Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>MARGARET INZA MANSON</b>			4. DATE OF DEATH Month Day Year <b>Aug. 27th, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <del>WIDOWED</del> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 9, 1898</b>
9. AGE (In years last birthday) <b>60</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Worker-U.S.</b>	11. BIRTHPLACE (City and state or country) <b>Durham, North Carolina</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas Lea</b>		13b. MOTHER'S MAIDEN NAME <b>Sally King</b>	
14. NAME OF HUSBAND OR WIFE <b>Lester C. Manson</b>		Address <b>6044 Ranger Rd.</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>486-09-2310</b>	
17. INFORMANT <b>Mrs. Inza Schoonover</b>		Address <b>San Diego 14, Cal.</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>Kalculus pegenum (proximal) with gangrene = post mortem findings</b> DUE TO (b) <b>St. Joseph Hosp.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <b>Stomach resection about 4 yrs previously ulcer</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>about 15 hrs.</b> <b>for fat</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5400 11	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug. 1956</b> to <b>8-27-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>8-27-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Herbert Tutthill M.D.</b>		22b. ADDRESS <b>1211 Rialto Bldg.</b>	
22c. DATE SIGNED <b>29-1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 30, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>FREEMAN MORTUARY, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-58</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>			

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.

Herbert Tutthill  
 Use only black ink or ribbon type if possible  
 Remains by affidavit of informant

22

2-5-83

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 *Clayton Barnes* .....

Licensed Embalmer No. *4793* .....

P. O. Address *K. E. 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.