

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041934

STATE FILE NUMBER

318

1003

10541

FILED NOV 20 1958

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pacific</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deaconess</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>31</i>
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Dennis</i> Last <i>Manning</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>2</i> Year <i>1958</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>wh.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 20, 1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>service station</i>	9. AGE (In years last birthday) <i>70.</i>
11a. FATHER'S NAME <i>Daniel Manning</i>		13b. MOTHER'S MAIDEN NAME <i>Maggie Franz</i>	14. NAME OF HUSBAND OR WIFE <i>Jennie Manning</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>490-12-9915</i>	17. INFORMANT <i>Jennie Manning</i> Address <i>Pacific Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Nephrosis, lower nephron</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>post operative</i> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 <i>7:30 Oct 28</i> to <i>2 Nov 58</i> and last saw her <i>alive</i> on <i>1 Nov 58</i> Death occurred at <i>4:30 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Anderson M.D.</i>		22b. ADDRESS <i>100 No. Euclid</i>	22c. DATE SIGNED <i>4 Nov 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Nov 5 1958</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Mitchell Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Robertsville Mo</i>
24. FUNERAL DIRECTOR <i>Mrs. John L. Thebes</i> ADDRESS <i>Pacific Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 5 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> <i>m &amp; B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 24 1961

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 *Ralph Attmans* .....

Licensed Embalmer No. *4809* .....  
P. O. Address *Union, Md* .....

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.