

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005737
STATE FILE NUMBER
884

FILED MAR 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 884

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESTWOOD HOSP. INSTITUTE 2700 TRACY AVE. Length of stay in lb 50 YEARS		d. STREET ADDRESS (If outside, give location) 4401 MONTGALL AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last HAROLD D. MANRING			4. DATE OF DEATH Month Day Year FEBRUARY 13, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1883 FEB. 4, 1959
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) GUNNISON, COLORADO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME BROFFARD MANRING		13b. MOTHER'S MAIDEN NAME GEORGIA ANNE WIGGLESWORTH-LORA L. MANRING	14. NAME OF WIFE OR WIFE MRS. LORA L. MANRING-KANSAS CITY, MO.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-01-1684	17. INFORMANT Address 4401 MONTGALL MRS. LORA L. MANRING-KANSAS CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction (Severe) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Exacerbation of above DUE TO (c) Coronary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4			INTERVAL BETWEEN ONSET AND DEATH few weeks few days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 2-7-59 to 2-13-59 and last saw her alive on 2-13-59 Death occurred at 5:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. W. Newcomer (Date or title)		22b. ADDRESS 1331 BRUSH ST. KANSAS CITY, MO.	22c. DATE SIGNED 2-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS-K.C., MO.		ADDRESS 1331 BRUSH ST. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. Attach on

1959 MAR 9

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: *Harold E. Catterna*

Licensed Embalmer No. *3035*
P. O. Address *616 E. 2nd St.*

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.