THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007411
STATE FILE NUMBER

REC FEB 24 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1362

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis - Little Rock Hospitals, Inc. — Length of stay in Ib: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff, Mo. — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location): 1111 Pershing Ave. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First: Everett — Middle: Aureswald — Last: Maness
4. DATE OF DEATH: Month: February — Day: 6 — Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X — NEVER MARRIED — WIDOWED — DIVORCED
8. DATE OF BIRTH: Oct. 12, 1904
9. AGE (In years last birthday): 54 — 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): Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): DeSoto, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hugh Maness
14. MOTHER'S MAIDEN NAME: Edith Patton
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.: 702-16-4744
17. INFORMANT: Loretta Maness, Poplar Bluff, Mo. — Address

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): Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Myocardial infarction, old. Diabetes mellitus
19. WAS AUTOPSY PERFORMED? YES NO X
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 Jan. 27, 1959, to Feb. 6, 1959 and last saw him alive on Feb. 6, 1959
Death occurred at 6:45 P.m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: R. C. Freeman, M.D. (Degree or title)
22b. ADDRESS: 175 S. Grand Ave.
22c. DATE SIGNED: 2/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-7-59
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.
24. FUNERAL DIRECTOR: Greer - Croy - Fitch Funeral Home — ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 9 '59
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.