

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016918

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 234

300  
-57

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>R#1 FISK</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LUCY LEE HOSP.</b>		Length of stay in lb <b>2 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>NORTH of FISK</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRED HINTON MANSBRIDGE</b>			4. DATE OF DEATH Month Day Year <b>4 - 19 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3 - 2 - 1885</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	11. BIRTHPLACE (City and state or country) <b>ROLLA, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		13a. FATHER'S NAME <b>JOHN MANSBRIDGE</b>	13b. MOTHER'S MAIDEN NAME <b>MARY POOL</b>
14. NAME OF HUSBAND OR WIFE -----		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. -----
17. INFORMANT <b>HERBERT MANSBRIDGE</b>		Address <b>FISK, MO.</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>Coronary infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year 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>4/18/59</b> to <b>4/18/59</b> and last saw her alive on <b>4/18/59</b> Death occurred at <b>8:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John R. Loughead</i> <b>John R. Loughead, M.D.</b>	(Degree or title) <b>0</b>	22b. ADDRESS <b>330 N. 2nd St. - Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>4/21/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4 - 22 - 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHAIN MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>BUTLER COUNTY MO</b>
24. FUNERAL DIRECTOR <b>WHITE'S FUNERAL HOME, FISK, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>5/16/59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond L. Duffie* .....

Licensed Embalmer No. *4798* .....

P. O. Address *Berme, 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.