

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024464

FILED VS JUL 30 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brunswick</b>		Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>BRUNSWICK</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FARM S.E. BRUNSWICK</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>S.E. TOWN</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LOUIS</b> Middle <b>E.</b> Last <b>MANSON</b>			4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>1959</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-16-1899</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Brunswick, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles August Manson</b>	13b. MOTHER'S MAIDEN NAME <b>Sleyster</b>	14. NAME OF HUSBAND OR WIFE <b>Lydia Manson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>U.S. Navy</b>	16. SOCIAL SECURITY NO. <b>495-36-5251</b>	17. INFORMANT <b>Lydia Manson, Brunswick</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Suffocation caused by the head being (terminal) submerged in mud, this being caused by a tractor turning over forcing the body partly in the mud.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Tractor turned over, in process of farming</b>
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20c. TIME OF INJURY Hour <b>3:10 pm</b> Month, Day, Year <b>7/21/59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	20f. CITY, TOWN, OR LOCATION <b>Brunswick, Chariton Missouri</b>	COUNTY STATE
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21. I attended the deceased from <b>7/21/59</b> to <b>7/21/59</b> and last saw him alive on <b>7/21/59</b> Death occurred at <b>3:10 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>J.P. Fowler</i> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Brunswick, Missouri</b>	22c. DATE SIGNED <b>7/22/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eliott Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Brunswick Mo</b>
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24. FUNERAL DIRECTOR <b>Heisel, Brunswick, Ma</b>	25. DATE RECD. BY LOCAL REG. <b>July 28</b>	26. REGISTRAR'S SIGNATURE <i>Douglas Smith Deputy</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J.P. Fowler

AUG 5 1959

CHRISTIAN

AUG 11 1959

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William R. Ho

Licensed Embalmer No. 4751

P. O. Address Brunswick

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