

**FEDERAL BUREAU OF INVESTIGATION**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039258**

STATE FILE NUMBER

FILED VS DEC 14 1959 87

Registration District No. \_\_\_\_\_ Primary Registration District No. 5207 Registrar's No. 17

UNDECEASED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Carroll</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tina,</u>		Length of stay in 1b	c. CITY OR TOWN <u>Tina,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, 6 Miles N/W Tina</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Edward Franklin Mantzey</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Dec. 3rd, 1959</u>				
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Jan. 16, 1880</u>	<b>9. AGE (last birthday)</b> <u>79</u>	<b>IF UNDER 1 YEAR</b> Months <u>10</u> Days <u>17</u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Livestock-Grain</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Dawn, Missouri.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Gustave Mantzey</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Johnson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edna C. Mantzey</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>489-44-2465</u>	<b>17. INFORMANT</b> Address <u>Mrs Edna C. Mantzey, Tina, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>?</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I (a) <u>Myocardial degeneration</u>					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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>Oct 29, 1959</u> to <u>Dec 3, 1959</u> and last saw him <sup>born</sup> alive on <u>Dec. 1, 1959</u> Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Describe or title) <u>G.W. Carpenter M.D.</u>			<b>22b. ADDRESS</b> <u>Chillicothe Mo</u>		<b>22c. DATE SIGNED</b> <u>12/4/59</u>		
<b>23b. BURIAL, CREMATION OR REMOVAL</b> (Specify) <u>Burial</u>	<b>23c. DATE</b> <u>12/6/1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>New Salem</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Tina, Missouri.</u>				
<b>24. FUNERAL DIRECTOR</b> <u>Clifford W. Austin, Tina, Missouri</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Dec. 5, 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs Rex Henderson</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*Clifford W. Austin*  
Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.